Southwest Trauma Care Region, Inc.

Regional Trauma Plan

August 1, 2004

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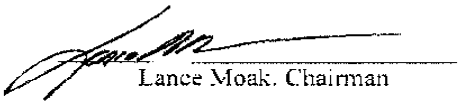
I Authority and Purpose

The Southwest Mississippi Trauma Care Plan has been written in compliance with the Amended Emergency Medical Services Act of 1974 (MS Code Annotated §§ 41-59-1) to create a statewide trauma system. The purpose of the Southwest Trauma Care Region Inc. is to plan, implement, administer, and manage a trauma system for the citizens of southwest Mississippi.

The plan outlines the structure and operations of the trauma care system within the counties of Adams, Amite, Franklin, Lawrence, Lincoln, Pike and Wilkinson.

Approved: 

Lance Moak, Chairman

7-31-03

Date

II. Guidelines for Critique of Plan

1. Table of Contents:

Required Elements:

- Identifies the location of each element required by the Mississippi Trauma
- Regulations section 4.5.
- Identifies the location of each specific policy required by section 4.6 of the Mississippi Trauma Regulations.
- Clearly identifies the location of any additional supplemental information identified by the Trauma Region as necessary to understand the nature of trauma care planned for the specific region.

2. Plan Summary:

Required Elements:

- Recommend this be written after the content of the plan is complete and act as an Executive Summary.
- Overview of the trauma system design and operation.
- Relevant background information, historical perspective pertinent data describing the region including population, geography, healthcare resources and capabilities etc. Discuss customary referral patterns.
- Brief description of the administrative structure, governance, leadership, finances of the Region.
- Overview of pre-hospital care capabilities
- Description of the medical organization and management.
- Briefly define the trauma facility standards in place in the region.
- Mention the cooperative relationships between the trauma care regions.
- Major problems and proposed solutions.

3. Objectives:

Required Elements:

- Goals and objectives of the plan should be clearly reflected in this section. They should be concisely stated, comprehensive and measurable. Include the planned accomplishment and the outcome expected.

- At a minimum goals and objectives should address, plan development, commitment to ongoing participation and system ownership, inclusive nature of the plan, access,

injury prevention, injury reduction, public education, quality medical care, performance improvement, rehabilitation, research and future plans.

4. Implementation Schedule:

Required Elements:

- Chart of realistic timelines for implementation of the plan. Schedule should include enough detail to understand the specific elements, starting date and deadlines for completion.

5. Administrative Structure:

Required Elements:

- Define the structure, governance, leadership, authority, and accountability of the leadership of the trauma region. Define the membership. Provide a concise narrative about the operations of the region.
- Provide a description of the Board of Directors, committee structure, and a short narrative description of the duties of each committee. Include a description of bylaws if appropriate.
- Include pertinent organizational charts-
- Define medical leadership within the region.
- Describe how minimal standards for system performance and patient care will be determined.
- Describe the business plan for the region including the financial plan.
- Define how trauma system costs will be identified and tracked both at the system and provider level. Discuss how funding will be allocated and audited.
- Define the public approval process for the trauma plan and subsequent changes to the plan.
- Define system integration with other regions and local EMS providers.

6. Plan Description and Operations:

Required Elements:

- Define in clear concise terms the elements of the plan minimally including a description of:

    - Prehospital Care: Trauma Triage Criteria, Interfacility transfer policy, non-participating hospital bypass policy, On and off line medical control, performance improvement, education, clinical treatment protocols specific to trauma, Communications systems, transport including the use of air versus ground ambulances.

- Definitive Care Facilities: Define facility standards for the varying levels of trauma centers. If the Region had adopted the State Standards these can be referenced. However if the Region has modified the State Standards these must be appended and a rational for this action included. Describe how all general policies related to trauma centers required in section 4.6 are implemented, monitored, evaluated and enforced.
- Define the role of non-participating acute care facilities within the Region.
- Define the plan for specialty referral to centers outside the Region including Interfacility transfer.
- Define how medical rehabilitation is incorporated within the Region.
- Provide your plan public education and injury prevention.
- Discuss the Regions plan for professional education required by the trauma standards.
- Incorporate a commitment to trauma research within the capabilities of the Region.

7. Medical Organization and Management:

Required Elements:

- Describe clearly how medical direction is provided to system design, evaluation, and data collection and performance improvement.
- Describe off line and on-line medical control at the trauma center.
- Define medical direction in establishing minimal standards for system performance and patient care.

8. Inclusive nature of the trauma system:

Required Elements:

- Describe clearly the role of each provider within the trauma region. Provide a
- Brief description of the capabilities of each acute care hospital (i.e. Level l, II, III or IV. Include specialty capabilities such as pediatrics, spinal cord injury, rehabilitation etc.
- Define the coordination between regions for trauma care. Include any special considerations for hospitals within the region but outside the State of Mississippi.
- Define the plans to ensure cooperation from all hospitals within the region.
- Include a plan to optimize trauma care within the region if hospitals choose not to participate. Include an overview of triage, bypass, and transportation to the closest most appropriate trauma facility within the region.

9. Interfacility Trauma Center Agreements:

Required Elements:

- A copy of a sample Interfacility transfer agreement developed by the region for trauma care. Transfer agreements include transfer to higher level of care (Level I, II or III centers) Burns, Pediatrics, Rehabilitation, and Spinal Cord Injury. The region should determine the duration of the agreements, the monitoring and enforcement of the same.
- Executed agreements need not be included. These will be the responsibility of the trauma centers to maintain and have available at the time of a site review.

10. Documentation of the participation of Hospitals/Medical Staff within the Trauma Care Region:

Required Elements:

- A letter of commitment from each participating hospital within the Region signed by the Administrator and Chief of Medical Staff must be included.

11. Operational Implementation of the Policies Developed:

Required Elements:

- Description of how the operational policies required in Section 4.6 of the Trauma Regulations will be implemented, monitored, evaluated and enforced

12. Description of the Critical Care capabilities included but not limited to Burns, Spinal Cord Injury, Rehabilitation and Pediatrics:

Required Elements:

- Narrative description of the Critical Care capabilities in the region. This should be described as to the locations of the varying levels of trauma centers, system for Inter-facility transfer, availability of specialty care and/or reference to the existing trauma center agreements and referral patterns.

13. Performance Improvement: Required Elements:

- Describe the performance improvement plan for the trauma care system at the Regional level and within the trauma centers (may refer to trauma center designation standards).

- Describe the process for designating trauma centers and the ongoing subsequent re-designation/de-designation of a trauma center.
- Define the mechanism for data collection and provision of regional reports for the purpose of system management and quality.

- Define the committee structure for performance review for the individual components of the trauma system including system operations, compliance with standards, compliance with written protocols and policies.
- Define the process at the Regional level for patient outcome evaluation. Describe the process to ensure confidentiality**.**

III. Plan Summary

The purpose of the Southwest Mississippi Trauma Care Region is to plan, implement, administer, and manage a trauma system for the citizens of southwest Mississippi.

The Southwest Trauma Care Region consists of the counties of Adams, Amite, Franklin, Lawrence, Lincoln, Pike and Wilkinson. The entire region is considered rural and has a population of 148,428. (Source-State of Mississippi) The area is also impoverished with five of the seven counties' per capita earning less than $12,504 (Source-State of Mississippi). The largest communities in the region by population (10,000+) are Natchez (Adams), McComb (Pike) and Brookhaven (Lincoln)

Health care in the region is represented by eight hospitals, seven of which have emergency departments. The current system is designed around the local EMS provider transporting the trauma patient to the nearest local hospital with an emergency room. For serious trauma cases, the patient is stabilized then transferred if necessary to a higher level of care. The University of Mississippi Medical Center (UMC) is the only facility in the state that is equipped to provide Level 1 trauma service. Subsequently, most trauma related transfers are directed towards this facility.

At present there are nine ground and three air based helicopter ambulance providers serving the region. Seven of the ground-based services are ALS. One of the air based services provides scene landing service and the others will provide only inter facility transfers.

The goal of the plan is to develop a trauma system for the southwest region of the state. Being there is no Level 1, 2 or 3 facility in the region to serve as a focal point, the current system would be modified to decrease the time between the traumatic incident and the rendering of appropriate care, which would include transfer to Level 1, 2 or 3 facilities. The revised system would enable EMS providers and the local hospitals to respond in a more efficient and effective manner.

Southwest Mississippi Trauma Care Region Inc. is a private, non-profit public benefit corporation. Membership in the corporation is available to licensed Mississippi hospitals participating in the statewide trauma program. The corporation is governed by a Board of Directors that consists of two representatives from each member hospital.

The Board of Directors will retain, through independent contract, a Regional Director; and appoints two committees to govern the affairs of the Region: an Executive Committee that consists of the Board's Chair, Vice Chair and Secretary/Treasurer, and a Regional Trauma Advisory Committee that shall represent the position of participating hospitals and ALS/BLS service provider agencies on issues of pre-hospital care and emergency medical services and shall have oversight for the Region's Performance Improvement Plan's.

The business plan of the region is to establish a smooth operating organization for the system. The region is to adopt an annual budget and contract with an accounting firm to manage financial filings and operations. The State Department of Health will conduct audits.

The Southwest Trauma Care Region shall integrate with the other regions by ensuring that each participating hospital develop and maintain transfer agreements with at least one Level 1 and one Level 2 facility and by participating in the statewide trauma system through the MTAC. It is desirable that all participating trauma centers secure transfer agreements with a Level 3 facility for patients that do not require Level 1 or Level 2 care.

All system participants must meet the requirements established by Mississippi State Department of Health to operate in the State of Mississippi and Mississippi Trauma Care System Regulations. The Southwest Trauma Care Region has not placed any additional requirements upon the participating facilities.

IV Plan Objectives

The goal of the plan is to develop a trauma system for the southwest region of the state. Specific objectives to achieve this goal include:

1. Develop a program directed to the public for the purpose of preventing traumatic injuries.

2. Establish a standardized response system to trauma that will enable the providers to improve clinical care and to deliver the patient to the appropriate level care in as little time as possible. The specific elements to be addressed include but are not limited to:

   a) Standardization of pre-hospital care policies, procedures and protocols,
   b) Standardization of hospital responses to the trauma patient,
   c) Coordination among EMS providers and hospitals to deliver the patient to the nearest appropriate facility.

3. Provide for the education of physicians, clinical staff and the public regarding trauma care.

4. Development of a Performance Improvement Plan to continually evaluate the system

5. Maintain commitment from the participating hospitals and physicians to the system through representation on the Region's Board.

6. Encourage participation in caring for trauma patients from the region's non-participating hospitals and other health care providers located in the Southwest Trauma Care Region

7. Encourage the region's hospitals to incorporate the trauma patient's rehabilitation into their plan of care. The Region shall also encourage the providers of rehabilitative medicine to develop programs geared to the patients of trauma.

8. Participation, upon request, in any State sponsored research projects relating to trauma and trauma care.

V. Implementation Schedule

August 2004	Conclude development of Prehospital protocol proficiency exams.
	Initiate review of a standardized Regional Trauma Flow Sheet
October 2004	Implement and monitor adherence to Regional Prehospital Protocols.
	RTAC review of Prehospital Protocols and Guidelines.
January 2005	Implement Region wide media campaign for system recognition, injury prevention and awareness.
April 2005	Revise and implement Regional Interfacility Transfer agreement.
June 2005	Development of a Regional Trauma Registrars Committee.

VI. Administrative Structure

Southwest Mississippi Trauma Care Region Inc. is a private, non-profit public benefit corporation. Membership in the corporation is available to licensed Mississippi hospitals participating in the statewide trauma program. The corporation is governed by a Board of Directors that consists of two representatives from each member hospital. One representative shall be a member of the hospital's executive staff and the other shall be a member of the hospital's active medical staff.

The Board of Directors shall appoint an Executive Committee that consists of the Board's Chair, Vice Chair and Secretary/Treasurer. The Executive Committee governs the affairs of the corporation and has the authority to transact all regular business of the corporation during emergency situations.

- The Board shall appoint a Regional Trauma Advisory Committee that shall:

    - Represent the position of participating hospitals and ALS service provider agencies on issues of pre-hospital care and emergency medical services.
    - Promote region-wide standardization of pre-hospital care policies, procedures and protocols and recommend policies, procedures, protocols, positions, and philosophy of pre-hospital care and standards of care to the Southwest Trauma Care Region.
    - Promote communication and coordination among the participating hospitals and all interested parties for effective response to the needs of pre-hospital care.
    - Maintain oversight of both the Regional and Prehospital Performance Improvement Plans.
    - The Regional Trauma Advisory Committee shall consist of a representative from each trauma center, EMS agencies and other specialties/professions as deemed necessary by the Region's Medical Director and Board of Directors. Hospital positions eligible for membership include the trauma program medical director and trauma program manager.

The Board shall also appoint other non-standing committees as necessary and retain a Regional Director and administrative staff.

Medical leadership is provided through each hospital's trauma program director and the Regional Trauma Advisory Committee, which is chaired by the Region's Medical Director. Bylaws for this committee are located in Chapter XV.

Minimum standards for the system's performance will be based on the Plan Objectives and the regulatory requirements set forth by the Mississippi Trauma Care System. The PI Plan shall be the mechanism for measuring the system's performance.

The Southwest Trauma Care Region shall integrate with the other regions by ensuring that each participating hospital develop and maintain transfer agreements with at least one Level 1 and one Level 2 facility and by participating in the statewide trauma system through the MTAC.

The Southwest Trauma Care Region shall encourage each local EMS provider to establish mutual aid agreements with their neighboring EMS agencies.

The business plan of the region is to establish a smooth operating organization for the system. The region is to adopt an annual budget and contract with an accounting firm to manage financial filings and operations. The Board's Secretary Treasurer is the contact with the accounting firm. The Region will retain a regional director to manage the daily administrative aspects of the organization. All expenses will be approved by an officer and submitted to the accounting firm for processing. All checks will require two signatures from the Executive Committee.

Monetary funding flows through two distinct methodologies. Administrative funds are used to manage administration of the region and originate from a five-dollar surcharge attached to each moving violation fine assessed in the State. The funds are equally distributed by the State to each region. Public funds are used to reimburse participating hospitals and physicians and originate from the Trauma Care Trust Fund. The source of the Trust Fund is the State's allocation of the federal tobacco settlement. Both sets of funds are distributed annually.

Public funding will be allocated to the providers based on the methodology used by Horne CPA firm (the State's consultant in financial matters). The Region, upon receipt of public funding, will submit the allocation to each claimant within 30 days. Facilities receiving reimbursement from the patient or other third party payers will submit that reimbursement back to the State according to State Trauma System Regulations. The State Department of Health will conduct audits as needed. The Southwest Trauma Care Region shall distribute public and administrative funding as outlined in the Receiving and Distribution of Funds policy *(page 43)*.

VII. Plan Description and Operations

This section describes the current system for victims of medical trauma and the desired result of improvements to the current system.

I. Current System

The Southwest Trauma Care Region consists of the counties of Adams, Amite, Franklin, Lawrence, Lincoln, Pike and Wilkinson. The entire region is considered rural and has a population of 148,428.(Source-State of Mississippi) The area is also impoverished with five of the seven counties' per capita earning less than $12,504 (Source-State of Mississippi).

County	*Population*
Adams	34295
Amite	13764
Franklin	8326
Lawrence	13071
Lincoln	31820
Pike	37961
Wilkinson	9191
TOTAL	148428

The current system is designed around the local EMS provider transporting the trauma patient to the nearest local hospital with an emergency room. At present there are nine ground and three air based helicopter ambulance providers serving the region. Seven of the ground-based services are ALS

There are eight hospitals in the southwest region of the state. Seven of these hospitals have an emergency department. 6 of the 8 facilities are participating in the Mississippi State Trauma Care System and are certified for 4 statuses. Southwest Regional Medical Center in McComb is a non-participating facility. The one hospital without an emergency department is Beacham Memorial located in Magnolia. Patients presenting with emergency needs are given care until arrival of an ambulance from Southwest Mississippi Regional Medical Center.

Each hospital has its own method of providing care to the trauma patient; however, all the participating hospitals provide trauma care consistent with their level of certification. This includes staffing and call back of medical and other clinical staff. The patient is stabilized then transferred if necessary. University of Mississippi Medical Center (UMC) is the only facility in the state that is equipped to provide Level 1 trauma service. Subsequently, most trauma related transfers are directed towards this facility. Most of the hospitals in the region

have a transfer agreement with UMC. Other trauma related transfers have been directed to the Medical Center of Louisiana (Charity Hospital) in New Orleans or the hospitals of the Baton Rouge area.

Hospital	*County*	*Level*
Field Memorial Hospital	Wilkinson	4
Franklin County Hospital	Franklin	4
King's Daughter's Medical Center	Lincoln	4
Lawrence County Hospital	Lawrence	4
Natchez Community Hospital	Adams	4
Natchez Regional Medical Center	Adams	4

II. Plan Objectives

The goal of the plan is to develop a trauma system for the southwest region of the state. Specific objectives to achieve this goal include:

1. Develop a program directed to the public for the purpose of preventing traumatic injuries.

2. Establish a standardized response system to trauma that will enable the providers to improve clinical care and to deliver the patient to the appropriate level care in as little time as possible. The specific elements to be addressed include but are not limited to:

   a) Standardization of pre-hospital care policies, procedures and protocols,
   b) Standardization of hospital responses to the trauma patient,
   c) Coordination among EMS providers and hospitals to deliver the patient to the nearest appropriate facility.

   The effectiveness of the response system is measured by the Region's mortality and morbidity rates from trauma as extrapolated from the PI Plan. Sources of data include the State Trauma Registry.

3. Provide for the education of physicians, clinical staff and the public regarding trauma care.

4. Development of a Performance Improvement Plan to continually evaluate the system

5. Maintain commitment from the participating hospitals and physicians to the system through representation on the Region's Board.

6. Encourage participation in caring for trauma patients from the region's non-participating hospitals and other health care providers located in the Southwest Trauma Care Region

7. Encourage the region's hospitals to incorporate the trauma patient's rehabilitation into their plan of care. The Region shall also encourage the providers of rehabilitative medicine to develop programs geared to the patients of trauma.

8. Participation, upon request, in any State sponsored research projects relating to trauma and trauma care.

III. Participant Requirements

All participants must meet the requirements established by Mississippi State Department of Health to operate in the State of Mississippi. Additionally, any participant must meet the requirements for the Mississippi Trauma Care System Regulations as established by the Mississippi State Department of Health and the requirements set forth by any accrediting agencies which the facility subscribes to such as JCAHO.

The process of entering the Southwest Trauma Care Region consists of a letter of intent to the Region along with the Department of Health's Application for Trauma Center Designation. An inspection will be scheduled upon acceptance of the application from the State Department of Health. Surveyors will consist of representatives from the State Department of Health. (Refer to Section XV of the Mississippi Trauma Care System Regulations for detailed information) and medical professionals as designated by the Department. A final decision regarding acceptance will be made pending survey results.

All employees, physicians and volunteers of the participants must be licensed to practice, where a license or certification is required, in the State of Mississippi.

IV. Revised System

The current system would be improved to prevent traumatic incidents and decrease mortality and disability resultant of traumatic incidents. The hospitals of the region will still provide stabilization for transfer to a Level 1 or 2 facility should the patient's condition require.

The elements of the revised system would include the pre-hospital providers, hospitals and the educators of trauma prevention and care. Each of the following elements is discussed in relation to the appropriate Plan Objective (s).

1. Pre-hospital providers

The pre-hospital providers include ground and air based ambulance services, and those fire departments that utilize First Responders. The system would enable these services to arrive on scene as quickly as possible to render care and to provide the necessary information to the local receiving hospital..

Objective*:*

- ***Establish a standardized response system to trauma that will enable the providers to improve clinical care and to deliver the patient to the appropriate level care in as little time as possible.***

  The Region recognizes that each provider of ambulance services has individualized protocols regarding trauma care, on and offline medical control and communication systems. The Region shall monitor each ambulance service through the Prehospital Performance Improvement Plan to determine the efficacy of each provider's care to trauma patients.

  Each ambulance provider is to attempt in good faith to negotiate reciprocity agreements with the services located at and with in their common geographic borders to provide for back up in the event of over utilization.

Objective*:*

- ***Provide for the education of physicians, clinical staff and the public regarding trauma care***.

  Each EMS service must employ individuals that are licensed to perform their level of care. This Region accepts their current standards set forth by the Mississippi Department of Health as sufficient. The Region shall work with the Mississippi Department of Health to assist with the dissemination of educational information regarding trauma care to these individuals.

  The region shall work the EMS agencies, State and local governments to provide trauma care instruction to their First Responders where employed. All pre-hospital providers would be educated regarding the decision to alert the local hospital to a potential trauma system patient.

2. Hospitals

The Southwest Trauma Care Region recognizes the State standards as being appropriate for the region's needs.

There is no Level 1, 2 or 3 hospitals located in the region. Patients requiring these services must be transferred as soon as possible. The existing Level 4 hospitals purpose is to stabilize the patient and facilitate the transfer to the higher level facility.

Objective:

- ***Establish a standardized response system to trauma that will enable the providers to improve clinical care and to deliver the patient to the appropriate level care in as little time as possible.***

Each hospital would have a standardized response to a trauma patient as specified in their trauma program. Each participating hospital is to develop a trauma plan consistent with their level of designation and would meet all the State's requirements regarding their level designation. The Region shall work with the State to ensure each facility operates according to their plan.

The Southwest Mississippi Trauma Care Region recognizes that the existing Level 4 hospitals may have certain clinical specialties unique to the region. Trauma patients requiring these services, but not on a Level 1, 2 or 3 capacity, may be sent directly to the applicable facility upon direction from local medical controls.

All the region's participating hospitals are to have transfer agreements among each other and with at least a one Level 1 and one Level 2 facility. The Southwest Trauma Care Region Inc. has developed an inclusive Interfacility transfer agreement to be used among the participating hospitals in the region. Individual hospitals are responsible for negotiating their own transfer agreements with their Level 1 and Level 2 facility. It is desirable that all participating trauma centers secure transfer agreements with a Level 3 facility for patient transfers that do not require Level 1 or Level 2 care. Each facility in the Southwest Trauma Care Region shall also arrange a transfer agreement for specialty rehabilitative services should the patient require a level of care not available regionally.

Objective:

- ***Maintain commitment from the participating hospitals and physicians to the system through representation on the Region's Board***

  Each participating facility shall have the opportunity to express its views through its Board of Directors representation. The Mississippi Trauma Care System helps ensure commitment through reimbursement for uncompensated trauma care. The Regional Board of Directors is represented on the State level through the MTAC committee.

Objective:

- ***Encourage participation in caring for trauma patients from the region's non-participating hospitals and other health care providers located in the Southwest Trauma Care Region.***

  Six of the seven hospitals with emergency departments have committed to participate as Level 4 trauma centers. Kings Daughters Medical Center, Natchez Community Hospital and Natchez Regional Medical Center offer surgeon and orthopedic services but function as Level 4 trauma centers due to physician specialty coverage limitations. The Region will continue to

encourage participation by Southwest Mississippi Regional Medical Center, as they have chosen not to participate.

Objective:

- ***Encourage the region's hospitals to incorporate the trauma patient's rehabilitation into their plan of care. The Region shall also encourage the providers of rehabilitative medicine to develop programs geared to the patients of trauma.***

  The region shall encourage its hospitals to utilize other facilities that have rehabilitative therapies and to consider reimbursement for the purchase of capital equipment used for rehabilitation. The region shall encourage the providers of rehabilitative therapies to obtain continuing education related to trauma.

3. Education and Research

Objectives:

- ***Provide for the education of physicians, clinical staff and the public regarding trauma care***

- ***Develop a program directed to the public for the purpose of preventing traumatic injuries.***

  The Southwest Trauma Care Region Inc. would help individual facilities establish and support educational programs regarding trauma care for their physicians, nursing and allied health personnel. The Southwest Trauma Care Region Inc. would also support each facility with the provision of trauma prevention programs directed to the public. Support for these programs will be in the form of communications, research and collaboration with other Regions or State level agencies. The Southwest Trauma Care Region Inc. may, at its own discretion, directly provide preventative education to the public.

Objective:

- ***Participation, upon request, in any State sponsored research projects relating to trauma and trauma care.***

  The Southwest Trauma Care Region shall participate to the, best of its capabilities, and upon request to any state level research projects related to trauma care. The Region shall initiate any research projects in accordance with its Performance Improvement Plan.

Objective:

- ***Development of a Performance Improvement Plan to continually evaluate the system***

  The Region shall develop and maintain a Performance Improvement Plan that meets the required elements set forth by the Mississippi Trauma Care System. See Section XIV.

VIII. Medical Organization and Management

System wide administrative Medical leadership is provided through each hospital's trauma program medical director and the Regional Trauma Advisory Committee which is chaired by the Region's Medical Director. Bylaws for this committee are located in Section XV. The Regional Plan is approved by the Regional Board of Directors which includes a physician representative from each participating facility.

Off line and on line medical control is the responsibility of each participating facility and Emergency Medical Service. The Region requires that each provider comply with the laws of the State of Mississippi and any other voluntary accrediting agencies such as JCAHO.

Minimum standards for the system's performance will be based on the Plan Objectives and the regulatory requirements set forth by the Mississippi Trauma Care System. The PI Plan shall be the mechanism for measuring the system's performance.

IX. Inclusive Nature of the Trauma System

The Southwest Trauma Care Region recognizes that each provider of care has a specific role in this system. The roles of each provider are described in patient chronological order starting with EMS and ending with rehabilitation. Other elements, which have roles, are then discussed.

EMS and First Responders - The role of the EMS and First Responders are to render first aid and appropriate ALS care until the patient is delivered to the nearest appropriate facility. These providers also activate the system by alerting the receiving facility to a trauma patient through their medical control.

Receiving Hospitals – Receiving hospitals are to render care appropriate to their level of certification. Patients requiring care beyond the capabilities of the hospital are to be transferred as soon as feasible through the best available means as determined by the facility's trauma director or medical control in their absence. Receiving hospitals are to utilize the appropriate transfer procedures when transferring a patient to another facility.

Rehabilitation - The region shall encourage its hospitals to utilize other facilities that have rehabilitative therapies should they not have their own and to consider reimbursement for the purchase of capital equipment used for rehabilitation. The region shall encourage the providers of rehabilitative therapies to obtain continuing education related to trauma.

Medical Professionals and Educators – Medical professionals are to provide care with in the scope of their licenses or registries. Educators are to provide information to the professionals and general public in a manner that will achieve the objective relating to education

The Southwest Trauma Care Region shall coordinate care with the other regions by ensuring that each participating hospital develop and maintain transfer agreements with at least one Level 1 and one Level 2 facility and by participating in the statewide trauma system through the MTAC. It is desirable that all participating trauma centers secure transfer agreements with a Level 3 facility for patient transfers that do not require Level 1 or Level 2 care.

Six of the Region's seven facilities with Emergency Departments are participating in the system. The Region shall encourage a hospital to re-consider participation in the system should a hospital choose not to participate.

X Inter-facility Transfer Agreement

TRANSFER AGREEMENT

This transfer agreement, herein referred to as "Agreement", made and entered into effective as of this 24th day of October, 2000, by and among Southwest Mississippi Regional Medical Center, Field Memorial Community Hospital, Franklin County Memorial Hospital, King's Daughters Medical Center, Lawrence County Hospital, Natchez Community Hospital and Natchez Regional Medical Center.

WITNESSETH:

WHEREAS, the parties are licensed Mississippi hospitals that have been designated by the Mississippi State Department of Health as "Trauma Care Facilities" under regulations promulgated pursuant to Chapter 41, Title 59 of the Mississippi Code of 1972, as amended (the "Regulations") and that participate as members of the Southwest Trauma Care Region, Inc.

WHEREAS, the parties have determined that it would be in the best interest of patient care and it would promote the optimum use of their facilities to enter into this Agreement for the transfer of patients among the parties in compliance with the Regulations.

NOW, THEREFORE, in consideration of the mutual covenants and agreements herein contained, and for other valuable consideration, the receipt and sufficiency of which is acknowledged, the parties agree as follows:

1. *TERM.* This agreement shall commence on the effective date first mentioned above and day and shall continue for a period of one (1) year. Thereafter, it shall be renewed automatically for successive periods of one (1) year, unless sooner terminated pursuant to Section 10. This Agreement may also be terminated upon prior written notice as to any Party that ceases to participate as a Member of Southwest Trauma Care Region, Inc.

2. *PATIENT TRANSFER.* The need for transfer of a non-emergency, medically stable patient from one party to the other shall be determined by the patient's attending physician and the wishes of the patient. When such a determination has been made, the transferring hospital shall immediately notify the receiving hospital of the impending transfer and arrange for the transfer of the patient. Transfer of emergency and trauma patients shall be in accordance with applicable State and Federal Law and the Regulations. Without limiting the foregoing, trauma patient transfers must be (i) in accordance with interfacility transfer policies and criteria for patients needing a higher level of care and the regional trauma plan adopted by the Southwest Trauma Care Region and(ii) medically prudent, as determined by the transferring hospital's physician of record.

3. PATIENT RECORDS AND PERSONAL EFFECTS. The parties agree to adopt standard forms for medical and administrative information to accompany the patient from Hospital. The information shall include, when appropriate, the following:

   A) Patient's name, address, party number, age and name, address and telephone number of the next of kin;

   B) Patient's third party billing data;

   C) History of the injury or illness;

   D) Condition on admission;

   E) Vital signs at time of transfer;

   F) Treatment provided to patient, including medications given and route of administration;

   G) Laboratory and x-ray findings, including films (if any);

   H) Fluids given, by type and volume (if any);

   I) Name, address and phone number of physician referring patient;

J) Name of physician in receiving institution to whom patient is to be transferred;

K) Name of physician at receiving institution who has been contacted about patient.

The parties agree to supplement this information as necessary for the maintenance of the patient during transport and treatment upon arrival at the other. In addition, the parties agree to adopt a standard form to accompany the patient during transfer. The records shall be placed in the custody of the person in charge of the transporting vehicle who shall sign a receipt for the medical records and the patients valuables and personal effects and in turn shall obtain a receipt from the receiving institution when it receives the records and the patients valuables and personal effects.

4. *TRANSFER CONSENT.* The Transferring Hospital shall have responsibility for obtaining the patient's consent to the transfer to the receiving hospital prior to the transfer, if the patient is competent. If there is no family member authorized to give consent and /or possessing a healthcare power of attorney/directive for the patient , the consent of the patient's physician shall be obtained by the transferring hospital.

5. *PAYMENT FOR SERVICES.* The patient is primarily responsible for any services provided by the Parties and will be billed according to the policies of the applicable Parties or any other provider participating in the transfer.

6. *TRANSPORTATION OF PATIENT.* The Transferring Hospital shall have responsibility for initiating transportation of the patient. The Facility shall have final authority regarding the selection of the mode of transportation and the entity providing the transportation of the patient shall have appropriate health care practitioner (s) to accompany the patient. The entity providing the transportation shall be licensed in the State of Mississippi to provide such service.

7. *ADVERTISING AND PUBLIC RELATIONS.* No party shall use the name of the other party in any promotional or advertising material without the express written consent of the other.

8. *INDEPENDENT CONTACTOR STATUS.* All parties hereto are independent contractors. Neither party is authorized or permitted to act as an agent or employee for the other. Nothing in this Agreement shall not in any way alter the freedom enjoyed by a party, nor shall it in any way alter the control of the management, assets and affairs of the respective parties. Neither party, by virtue of this Agreement, assumes any liability for any debts or obligations of either a financial or a legal nature incurred by the other party to this Agreement.

9. *LIABILITY.* To the fullest extent allowed by law, each party shall be responsible for its own acts and omissions and shall not be responsible for the acts and omissions of the other party.

10. *TERMINATION.* Any party hereto may withdraw from participating under this Agreement, with or without cause, by giving Thirty (30) days written notice of its intention to withdraw from this Agreement, and by ensuring the continuity of care to patients who are patients on the date of termination. Upon such withdrawal, this Agreement shall terminate only with respect to the withdrawing hospital, but shall remain in full force and effect as to the other remaining Parties. Any Party may terminate the Agreement immediately upon notice of conduct which is considered to be unethical, unprofessional, fraudulent, unlawful or adverse to the interest, reputation or business of the terminating Party.

12. *NONWAIVER.* No waiver of any term or condition of this Agreement by either party shall be deemed a continuing or further waiver of the same term or condition or a waiver of any other term or condition of this Agreement.

13. *GOVERNING LAW.* This Agreement is made and entered into the State of Mississippi and is governed by the laws of the State of Mississippi.

14. *ASSIGNMENT.* This Agreement shall not be assigned in whole or in part by any party hereto without the express written consent of the other parties except that any party may freely assign the Agreement to its successor.

15. *INVALID PROVISION.* In the event that any portion of this Agreement shall be determined to be Invalid or Unenforceable, the remainder of this Agreement shall be deemed to continue to be Binding upon the parties in the same manner as if the invalid or unenforceable provision were not a part of this Agreement.

16. *AMENDMENT:* This Agreement may be amended at any time by a written agreement signed by the parties.

17. *NOTICE.* Any notice required or allowed to be given here under shall be deemed to have been given upon deposit in the United States mail, registered or certified, with return receipt requested and addressed as follows:

Lawrence County Hospital
P. O. Box 788
Monticello, MS 39654
Attn: Deborah Roberts

King's Daughters Medical Center
P. O. Box 949
Brookhaven, MS 39602
Attn: Phillip Grady

Franklin County Memorial Hospital
P. O. Box 636
Meadville, MS 39653-0636
Attn: Semmes Ross

Field Memorial Community Hospital
P. O. Box 639
Centreville, MS 39631-0639
Attn: Brock Slabach

Southwest Regional Medical Center
P. O. Box 1307
McComb, MS 39648-1807
Attn: Gary Heim

Natchez Regional Medical Center
P. O. Box 1488
Natchez, MS 39121
Attn: Jack Houghton

Natchez Community Hospital
129 Jefferson Boulevard
Natchez, MS 39121
Attn: Ray Bane

18. *BINDING AGREEMENT.* This Agreement constitutes the entire agreement between the parties and contain all of the agreements between them with respect to this subject matter and supersedes any and all other agreements, either oral or in writing. between the parties with respect to this subject.

19. *HEADINGS.* The Headings to the various sections of this Agreement have been inserted for convenience only and shall not modify, define, limit, or expend express provisions of this Agreement.

20. *GENDER.* Throughout this instrument, wherever the context requires or permits, the neuter gender shall be deemed to include the masculine and feminine, and the singular number. the plural, and vice versa.

21. *GOVERING BODY.* The governing body of each institution shall have exclusive control of its policies, management, assets and affairs, and neither shall incur any responsibility by virtue of this Agreement for any debts or other financial obligations incurred by the other. Further, nothing in this Agreement shall be construed as limiting the rights of either institution to contract with any other facility on a limited or general basic.

22. *COMPLIANCE WITH LAWS.* This Agreement is entered into and shall be performed by both parties in compliance with local, state, and federal laws, rules, regulations, and guidelines, including COBRA.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed on the day and year first above written.

LAWRENCE COUNTY HOSPITAL

By: Deborah C. Roberts
Deborah C. Roberts
{Printed Name}

Title: Administrator
Date: 10/30/2000

KING'S DAUGHTERS MEDICAL CENTER

By: [signature]
[illegible]
{Printed Name}

Title: CEO
Date: 10/25/00

FRANKLIN COUNTY MEMORIAL HOSPITAL

By: [signature]
Simmes Ross Jr.
{Printed Name}

Title: Administrator
Date: 11/6/00

FIELD MEMORIAL COMMUNITY HOSPITAL

By: [signature]
[illegible] Brick Slabach
{Printed Name}

Title: Administrator
Date: 11/6/00

SOUTHWEST REGIONAL MEDICAL CENTER

By: _____
Norman Price
{Printed Name}

Title: Administrator
Date: 11-8-00

NATCHEZ COMMUNITY HOSPITAL

By: Raymond Bane
RAYMOND BANE
{Printed Name}

Title: EXECUTIVE DIRECTOR
Date: 11/14/00

NATCHEZ REGIONAL MEDICAL CENTER

By: _____
JACK F. Houghton
{Printed Name}

Title: Chief Exec Officer
Date: 11/22/00

XI Documentation of Hospital Participation

LAWRENCE COUNTY HOSPITAL
P.O. Box 788, Monticello, MS. 39654
(601) 587-4051 FAX (601) 587-0306

Deborah C. Roberts
Administrator

Joe Dale Walker, Attorney

August 16, 1999

Mr. Wade Spruill, Jr.
Director EMS
P.O. Box 1700
Jackson MS 39215-1700

Re: Trauma Registry

Dear Wade:

Lawrence County Hospital and its Medical Staff wish to be included in the Trauma System Development and the Registry.

We will work with all of the area hospitals in the region including the state facilities.

Please contact me if additional information is needed.

Sincerely,

Deborah C. Roberts,
Administrator

Dr. Bonita C. Musial
Chief of Staff

AUG 19 1999

"The Hospital With A Heart"

King's Daughters HOSPITAL

HIGHWAY 51 NORTH - POST OFFICE BOX 948 - BROOKHAVEN, MISSISSIPPI 39602-0948

SOUTHWEST TRAUMA CARE REGION

October 8, 1998

Mr. Wade Spruill, Jr.
Director EMS
P. O. Box 1700
Jackson, MS 39215-1700

RE: Trauma Registry

Dear Mr. Spruill:

King's Daughters Hospital and Medical Staff want to be included in the Trauma System Development and the Trauma Register. We realize this will take time, but we want to be involved and a part of this program. Please be advised that we are willing to work with surrounding hospitals in the region as well as the state.

We look forward to working with you. If you need additional information, please feel free to call me at 601-835-9186.

Sincerely,

Phillip L. Grady
Chief Executive Officer

Richard Rushing, MD
Chief of Staff

PLG/RR/gam

RECEIVED
OCT 14 1998
EMERGENCY MEDICAL SERVICES

TELEPHONE 601-833-6011 - FAX (ADMINISTRATION) 601-833-2791

Franklin County Memorial Hospital
P.O. Box 636 · Meadville, MS 39653 · Ph: 601-384-5801 · Fax: 601-384-4100

August 17, 1999

Wade N. Spruill, Director
Division of EMS
P. O. Box 1700
Jackson, MS 39215

Dear Wade:

Franklin County Memorial Hospital will participate in the Mississippi Trauma program.

Semmes Ross, Jr.
Administrator

Ben Yarbrough, MD
Chief of Medical Staff

AUG 18 1999

KING'S DAUGHTERS Medical Center

Post Office Box 948
427 Highway 51 North
Brookhaven, MS 39602-0948
Telephone (601) 833-6011

December 7, 1999

Wade Spruill, Jr.
Director
Division of Emergency Medical Services
MS State Department of Health
P O Box 1700
Jackson, MS 39215-1700

Re: Trauma Center Inspection

Dear Wade:

This letter is to request scheduling for inspection of King's Daughters Medical Center as a Level III Trauma Center by the Division of EMS. This decision was reached by an interdisciplinary committee consisting of physicians, nursing, EMS and administration.

Please send all correspondence related to the survey date to my attention at the address above. Should additional information be needed in the meantime to process this request, please contact Jane Jones, RN, Director of ER/ICU, at 835-9257 or me at 835-9186.

Sincerely,

Phillip L. Grady
Chief Executive Officer

cc: Wells Wilson, MD
Jane Jones, RN

Natchez Regional
MEDICAL CENTER

Seargent S. Prentiss Drive (39120)
Post Office Box 1488
Natchez, Mississippi 39121
Telephone 601-443-2100

January 26, 2000

Mr. Wade Spruill
Mississippi EMS Director
Division of Emergency Medical Services
P. O. Box 1700
Jackson, Mississippi 39215-1700

RE: Trauma care facility

Dear Wade:

After careful review of the Mississippi Trauma Center Designation Standards, Natchez Regional Medical Center wishes to participate as a Level IV trauma care facility. We are committed to developing a strong trauma program that will be a vital part of the Southeast Trauma Care Region.

Please consider us for an inspection at this level and let us know soon when that inspection will occur. In the interim, we will be happy to forward to you any additional information your department may require. We look forward to hearing from you about the inspection date.

If you have any questions please do not hesitate to contact me at 601-443-2600.

Sincerely,

Karen A. Fiducia
Interim Chief Executive Officer

Benson A. Grigsby, M.D.
Medical Director-Emergency Department

BAG:khc

Natchez Regional
MEDICAL CENTER

Sergent S. Prentiss Drive (39120)
Post Office Box 1488
Natchez, Mississippi 39121
Telephone 601-443-8100

April 20, 2000

Ms. Fran Dickie
Trauma Nurse Coordinator
Southwest Mississippi Region

Dear Fran,

On behalf of Natchez Regional Medical Center, we would like to apply for a Level III Inspection for a statewide trauma program.

Karen Fiducia

Dr. Thomas Weed

Field Memorial
COMMUNITY HOSPITAL

Brock Slabach
Administrator

Friday, May 26, 2000

Ms. Fran Dickie, R.N.
Trauma Nurse Coordinator
Emergency Medical Services
P.O. Box 1700
Jackson MS 39215-1700

Re: Trauma Level Designation

Dear Fran:

In follow-up to our telephone conversation, I am writing to announce our change from Level 3 trauma designation to Level 4. I believe that the application that we completed was for the Level 4 designation.

If you need anything else regarding this matter, please contact me. Thank you for your assistance.

Sincerely,

Brock A. Slabach
Administrator

BAS/wpi

On-file as: Dickie.WPD

P.O. Box 639
Centreville, MS 39631-0639
601/645-5221
FAX 601-645-5842

SOUTHWEST MISSISSIPPI
REGIONAL MEDICAL CENTER
"The Southwest Medical Network"

January 17, 2000

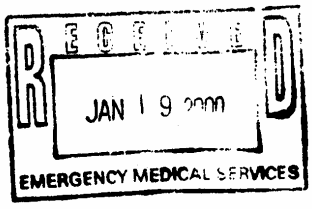
Fran Dickie, RN
Trauma Nurse Coordinator
Division of Emergency Medical Services
Mississippi Department of Health
P.O Box 1700
Jackson, MS 39215-1700

Ms. Dickie:

I am writing this letter to declare our level of designation for both the adult and pediatric care arenas for the Mississippi Trauma Care System.

We wish to apply for a Level 3 certification for adult care and a Primary Level certification for pediatric care. I would like to speak with you in the near future regarding the inspection process and the facility's preparation.

Feel free to call me directly at 601-249-1812.



Sincerely,

Gary M. Heim
Administrative Director

P.O. Box 1307, McComb, MS 39649-1307 • 215 Marion Avenue, McComb, MS 39648 • Phone (601) 249-5500

Natchez Community Hospital
Uniquely Qualified To Care.™

129 Jefferson Davis Boulevard
P.O. Box 1203
Natchez, Mississippi 39120
Telephone 601.445.6200

December 1, 1999

Mr. Wade Spruill
Mississippi State Department of Health
Emergency Medical Services
P. O. Box 1700
Jackson, Mississippi 39215-1700

Dear Mr. Spruill,

Natchez Community Hospital and its Medical Staff desire to participate in the Mississippi Trauma Care System.

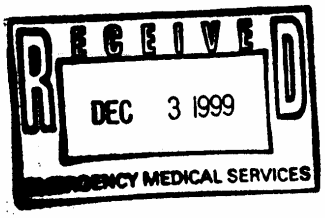
Respectfully,

Raymond Bane
Executive Director

Christopher Hancock, M.D.
Chief of Staff

RB/set

cc: Phillip L. Grady
David Ainsworth
Rosemary Brewer
Fern Jensen



XII. Operational Implementation of Policies

The initial plan for the Southwest Mississippi Trauma Care Region was developed during a three month period in the autumn of the year 2000 by a selected task force consisting of nurse administrators, a general administrator, a trauma surgeon and a paramedic supervisor.

The team functioned under the auspices of the region's Executive Committee. The team met to determine the region's current state of readiness and to develop the components of the plan.

The first draft of the plan was submitted to the Southwest Mississippi Trauma Care System Board of Directors on November 28, 2000 for approval and subsequent submission to the Mississippi State Department of Health for final approval. A revised plan was submitted on October 1, 2001.

The plan provides for retaining a Regional Director, establishing a Regional Trauma Advisory Committee and for the implementation of the plan as written and revised as recommended by the Mississippi State Department of Health. The plan will be implemented upon final approval from the Mississippi State Department of Health. The plan will be monitored and evaluated through the daily administration of the Southwest Mississippi Trauma Care Region by its Regional Director and through its Board of Directors. Enforcement of the policies shall be administered through the Board of Directors and the Mississippi State Department of Health.

Policies

This section includes the policies to be used by the Board of Directors and Regional Director in managing the Southwest Trauma Care Region. Policies may be added or deleted as needed with approval from the Board of Directors.

System Organization and Management

PURPOSE: To provide organizational structure and administrative command and control for the Southwest Trauma Care Region

POLICY: The Southwest Trauma Care Region shall develop and maintain operations for the trauma program in the geographic region delegated by the State of Mississippi Department of Health.

A. The Region shall incorporate, develop and operate a Board of Directors and Regional Bylaws.

B. The Southwest Trauma Care Region voting membership shall consist of the geographically eligible hospitals participating in the Mississippi State Trauma Care System. Participating hospitals must be certified trauma centers.

C. Additional members may participate on a non-voting status after approval of the Regional Board.

D. The Regional Board shall develop and maintain a Trauma Plan in accordance with the requirements established by the Mississippi Department of Health

E. The Regional Board shall appoint some person or entity that shall have administrative authority over the daily operations of the Southwest Trauma Care Region.

F. Voting and non-voting members shall participate in the Southwest Trauma Care Region as specified in the Board's Bylaws and other policies.

G. Each voting member shall develop and maintain a Mississippi Department of Health certified trauma program.

H. All information submitted from voting and non-voting members to Southwest Trauma Care Region shall be considered proprietary. Member organizations shall not use Region's proprietary information individual organization gain.

Receiving and Distribution of Funds

PURPOSE: To provide a detailed method for distribution and receipt of funds by the Southwest Trauma Care Region, Inc.

POLICY: **The Southwest Trauma Care Region, Inc. shall conduct the distribution and receipt of all funds according to the following procedure.**

A. Cash Receipts:

- All refunds received by the Regional Director will be deposited into the Southwest Trauma Care Region's "Restricted Account". All other receipts will be deposited into the Region's "Unrestricted" Account.
- Deposit slips and refund support will be faxed or emailed to Horne CPA Group and the Region's Secretary/Treasurer.
- Original documents will be kept on file at the office of the Regional Director.
- The Region will have a copy of the monthly bank statement sent to Horne CPA Group.
- At the end of each month, the Regional Director will forward QuickBooks backup to Horne CPA Group.
- Once the bank statement and QuickBooks backup have been received, Horne CPA Group will reconcile the restricted account.
- After reconciliation of the account, a backup of QuickBooks will be emailed to the Regional Director.
- The Regional Director will restore the QuickBooks backup and print a reconciliation report.
- A copy of the report will be sent to the Region's Secretary/Treasurer.

B. Cash Disbursements:

- Bills received will be copied and forwarded to the Regional Executive Committee. Invoice approval will be required by two (2) or more members of the committee prior to processing.
- Upon approval of the invoice(s), the Regional Director will write the checks using the QuickBooks program.
- The Check and invoice copy will be sent to the Executive Committee for signatures and submit payments.
- The Region will have a copy of the monthly bank statement sent to Horne CPA Group.
- At the end of each month, the Regional Director will forward QuickBooks backup to Horne CPA Group.
- Once the bank statement and QuickBooks backup have been received, Horne CPA Group will reconcile the unrestricted account.

- After reconciliation of the account, a backup of QuickBooks will be emailed to the Regional Director.
- The Regional Director will restore the QuickBooks backup and print a reconciliation report.
- A copy of the report will be sent to the Region's Secretary/Treasurer.

Trauma Care Coordination (intra-region)

PURPOSE: To establish and maintain cooperation among the agencies participating in the regional trauma plan.

POLICY: The Southwest Trauma Care Region shall develop and maintain a system designed to facilitate cooperation among the agencies participating in the regional plan.

A. The system shall provide for regional medical control to include criteria for activation of the trauma team. Regional medical control shall be in the form of cooperating individual participant hospitals. Regional medical control shall provide for:

    1. criteria for bypass
    2. criteria determining a hospital's level of trauma team activation
    3. survey to determine capabilities of region's ability to provide trauma care.

B. The system shall require the Southwest Trauma Care Region develop a transfer agreement for use among the participating hospitals located in the region.

C. Hospitals shall develop and provide to the Southwest Trauma Care Region their individual trauma plans and team activation procedures.

D. All agencies shall report to the Southwest Trauma Care Region their clinical and operational capabilities regarding trauma care. This is to include but is not limited to facilities, medical specialties and communication capabilities.

Trauma Care Coordination (Inter-region)

PURPOSE: The purpose of this policy is to provide the mechanism for coordinating trauma care between the Southwest Trauma Care Region and other Regions located in Mississippi.

POLICY: The Southwest Region will facilitate the establishment and maintenance of agreements between the participating hospitals and EMS agencies of the Southwest Region and those participating facilities and EMS agencies of neighboring and other applicable regions.

A. Level 4 Trauma Centers shall establish and maintain transfer agreements with at least one Level 1 Trauma Center and one Level 2 Trauma Center approved by the Mississippi Department of Health. It is desirable that all participating trauma centers secure transfer agreements with a Level 3 facility for patient transfers that do not require Level 1 or Level 2 care.

B. Each EMS provider, to include hospital-based provider, shall attempt in good faith to establish mutual aid agreements with all adjacent EMS providers.

C. The Southwest Trauma Care Region shall maintain contact with neighboring Trauma Regions and the State Department of Health to monitor the status of and changes to the Mississippi Trauma Care System and its Regions. The Regional Director shall meet monthly with the other Regional Directors or equivalent representatives. The Southwest Trauma Care Region shall incorporate any Mississippi Trauma Care System changes and consider changes in other region's plans into the Southwest Trauma Care Region's Performance Improvement Plan.

Data Collection and Management

PURPOSE: To provide a framework for collecting, recording and utilizing data for purposes of trending root cause analysis and performance improvement.

POLICY: The Southwest Trauma Care Region shall collect and report all necessary data as required by the Mississippi Department of Health. The Region shall also provide regular reports to the participating facilities.

A. All participating facilities shall report data and trending reports to the Southwest Trauma Care Region on a quarterly basis (calendar year).

B. The Southwest Trauma Care Region shall provide an annual report to the participating agencies and to the State Department of Health as necessary.

C. Data collected shall be used for performance improvement and system evaluation and shall include but is not limited to:

1. Time flow data from reception of 911 to arrival at final destination,
2. Mechanism of injury,
3. Geographic location of injury and location of regional and final destination,
4. Circumstances contributing to injury,
5. Diagnosis Codes.
6. Number of trauma deaths and transfers to include reason (s) for each,
7. Patient resuscitation
8. Outcomes

Coordination of Transportation

PURPOSE: The purpose of this is to provide guidance regarding the transportation of trauma patients.

POLICY: Trauma centers and EMS agencies shall cooperate to effectively transport a trauma patient to the appropriate trauma center.

A. The regional trauma system shall be activated through current methodology to include 911, *HP or direct phone contact with a hospital.

B. Local ambulance provider (s) shall be dispatched to scene under authority of provider's medical control.

C. Local Medical control shall direct the ambulance provider(s) to nearest appropriate trauma center and communicate any necessary information to receiving trauma center if it is a different facility than the local receiving hospital.

D. Trauma center shall activate their response mechanism and facilitate transfer (if needed) to nearest appropriate higher level facility. The provisions set forth in the transfer agreement shall determine the method of transfer (air, ground).

Integration of Pediatric Hospitals

PURPOSE: Provide for pediatric trauma care

POLICY: The Southwest Trauma Care Region shall integrate pediatric hospitals into the regional system.

A. All designated trauma centers shall maintain a transfer agreement with a pediatric trauma center.

B. Each facility shall arrange for transfer according the agreement.

C. The Southwest Trauma Care Region shall facilitate and encourage the pediatric trauma center to provide educational and preventative informational resources into the Region's training, educational and preventative services.

Availability of Trauma Center Personnel and Equipment

PURPOSE: To ensure regulatory compliance with Mississippi Trauma Care System requirements regarding the availability of resources.

POLICY: All participating hospitals in the Southwest Trauma Care Region shall comply with Mississippi Trauma Care System requirements by maintaining a constant state of readiness consistent with their level of certification.

A. Surgeons, orthopedic surgeons, anesthesiologists, radiologists must be either present or on-call and promptly available. Emergency Department physicians and be available within 30 minutes in Level 4 hospitals.

B. All hospitals shall have a designated trauma team consisting of physicians, specialists, nursing and clinical ancillary personnel which should be either present or on-call and promptly available.

C. All facilities shall have a designated system for alerting and ensuring response times of staff in 30 minutes or less. Methods of activation may include but are not limited to cell phones, pagers, two-way radio or maintaining on-call staff on premises. Response times shall be documented and provided to the Region. (See Data Collection and Management)

D. Surgeons, orthopedic surgeons, anesthesiologists, radiologists and emergency medicine physicians must be appropriately boarded and maintain adequate CEU's and general surgeons and emergency medicine physicians additionally be certified in ATLS. CRNA's must be licensed to practice in the State of Mississippi.

E. All Equipment used in trauma care shall be in working order, adequate for need and level, and meet appropriate current FDA requirements for patient care.

F. Hospitals experiencing a temporary loss of equipment capability due to failure or repair shall arrange for replacement of equipment and/or proactively arrange for patient transfer or bypass as deemed necessary by that hospital's medical control.

Criteria for the Activation of the Trauma Team

PURPOSE: To provide hospitals in the Southwest Trauma Care Region with guidelines for the activation of their respective trauma systems.

POLICY: All participating hospitals in the Southwest Trauma Care Region shall establish criteria for the activation of their respective trauma systems. These criteria will be clearly noted in each institution's trauma policy. The following is intended to serve as a general guideline for the hospitals as each hospital within the Southwest Trauma Care Region is unique.

PROCEDURE:

A. Immediate activation of the trauma system (Full Trauma Resuscitation):

1. Glasgow coma scale. (GCS) <12
2. Systolic Blood Pressure <90 mm Hg
3. Respiratory Distress or Compromise with Respiratory Rate< 10 or >29
4. Revised Trauma Score <11
5. Pediatric Trauma Score < 9
6. Penetrating injury to the head, neck, torso, or extremities above the elbows or knees
7. Flail chest
8. Two or more proximal long bone fractures
9. Pelvic fracture.
10. Limb paralysis
11. Amputation proximal to the wrist or ankle
12. Body surface burns> 15% (second or third degree) or burns associated with other traumatic or inhalation injury
13. Trauma transfer that is intubated or receiving blood
14. Children under l2 with any of the historical flats outlined below

B. If none of the above applies, evaluate mechanism (Stable patient> 12 year. old)

1. Ejection from vehicle
2. Death in same passenger compartment
3. Extrication time> 20 minutes
4. Fall >20 feet
5. Rollover MVC
6. High speed auto crash>40mph
7. Auto' deformity> 20 inches of external damage or intrusion into passenger compartment > 12 inches
8. Auto vs. pedestrian or Auto vs. bicycle (> 5mph)
9. Pedestrian thrown or run over
10. Motorcycle crash > 20 mph or separation of rider from the bike

If yes to any of above, the attending ER physician may, at his own discretion and medical judgment, activate full or modified trauma activation.

System Evaluation and Performance Improvement

PURPOSE: To improve performance of the system.

POLICY: The Southwest Trauma Care Region shall review and evaluate the regional trauma care system to improve performance.

A. Each Level 4 trauma center shall participate in the statewide trauma registry and at a minimum review transfers and deaths.

B. The Southwest Trauma Care Region shall collect and report data to the State and to participating hospitals. (See Data Collection and Management)

C. The Southwest Trauma Care Region shall evaluate and review the following for effectiveness:

1. The components of the regional system
2. Triage criteria and effectiveness
3. Activation of the trauma team
4. Notification of specialists and ancillary personnel
5. Trauma center diversions and transfers

D. The Southwest Trauma Care Region shall develop a performance improvement process that identifies root causes of problems and provides for continuous improvement of the system.

E. The performance improvement process shall provide for input and feedback from patients, guardians (pediatrics) and provider staff.

Professional and Staff Training

PURPOSE: To provide guidelines regarding the training of participants' healthcare providers in the care of trauma patients

POLICY: The Southwest Trauma Care Region shall facilitate and maintain the provision of training opportunities for participating facilities. Individual hospitals and physicians must maintain clinical qualifications as specified by the Mississippi Trauma Care System Regulations.

A. As specified by level designation, hospital staff is defined as nurses, allied health and employed pre-hospital personnel.

B. The Southwest Trauma Care Region shall transfer any provided information regarding trauma triage guidelines and operational procedural changes associated with trauma care to all participating hospitals and EMS providers located in the region to maintain their current state of readiness. This may be through any means deemed appropriate by the Board.

C. Individual facilities are responsible for disseminating the information to their staff. The Southwest Trauma Care Region shall assist with the coordination and promotion of any multi-facility educational sessions on trauma care.

D. The Southwest Trauma Care Region Inc. shall provide training to hospital staff on its trauma policies and procedures.

E. Physicians are required to maintain ATLS and a yearly average of 16 hours (48 over 3 years) of CME's as specified by hospital level and clinical specialty in the Mississippi Trauma Care System Regulations. The Southwest Trauma Care Region shall relay any information regarding physicians' educational opportunities to the participating facilities.

Public Information and Education

PURPOSE: To provide a format for informing and educating the general public residing in the Southwest Trauma Care Region. Purpose is also to provide regulatory oversight for the marketing and advertising by the agencies participating in the Trauma Plan.

POLICY: The Southwest Trauma Care Region shall develop and maintain a program of public information and education. Participating agencies shall cooperate with the Southwest Trauma Region regarding the promotion of their trauma programs.

A. The Southwest Trauma Care Region shall establish a network among its participating hospitals and other providers for the purpose of providing educational materials. The participating hospitals and other providers shall provide the informational and educational materials to the general public through any means deemed acceptable to the Regional Board.

B. The Southwest Trauma Care Region shall facilitate speakers, address public groups and serve as a resource for trauma education.

C. The Southwest Trauma Care Region shall assist its participating agencies in the development and provision of education to the public regarding the topics of injury prevention, safety education, and access to the system.

D. No participating agency shall use the terms “trauma center, trauma facility, trauma care provider” or similar terminology in its signs, printed material or public advertising unless the materials meets the requirements of the Mississippi Trauma Care System Regulations as set forth in Miss Code Ann. 41-59-1.

E. All marketing and promotional plans relating to the trauma program shall be submitted to the Southwest Trauma Care Region for review and approval, prior to implementation. Such plans shall be reviewed and approved based on the following guidelines.

- the information is accurate,
- the information does not include false claims,
- the information is not critical of other system participants,
- the information shall not include and financial inducements to any providers or third parties.

Injury Prevention Programs

PURPOSE: The purpose of the policy is to provide a format for the Southwest Trauma Care Region's participation in injury prevention activities.

POLICY: The Southwest Trauma Care Region shall participate in injury prevention activities

A. The Southwest Trauma Care Region shall assist participating facilities with the provision of injury prevention activities.

    1. If desired, each facility may request assistance from the Region, in writing, at least one month before commencement of the class or event.
    2. Assistance may consist of but not be limited to promotion, research and acquisition of speakers.
    3. Financial assistance from the Southwest Trauma Care Region may be provided by Board Resolution only. Individual facilities are other wise financially responsible for their activities

B. The Southwest Trauma Care Region shall facilitate and encourage the coordination of injury prevention activities with other regions.

C. Each participating facility shall be encouraged to provide an injury prevention activity yearly.

XIII. Description of Critical Care Capabilities Within Region

Most of the local EMS providers are capable of providing ALS level of care with Franklin and Lawrence County services providing a BLS level of service. The hospitals of the region refer most of their trauma-related transfers to University of Mississippi Medical Center in Jackson. The charts below summarize the critical care capabilities of the facilities participating in the Southwest Trauma Care Region.

ADAMS

System Access		911
EMS Provider		AMR
	Coverage	whole county
	Frequency	155.235
	Level of Care	ALS
	Business Phone	800-456-2542
	Medical Control	Natchez Community Natchez Regional
EMS Provider		Emergystat
	Coverage	whole county
	Frequency	155.340
	Level of Care	ALS
	Business Phone	1-800-695-7828
	Medical Control	Natchez Community Natchez Regional
EMS Provider		Metro Rural
	Coverage	Whole county
	Frequency	State band
	Level of Care	ALS
	Business Phone	1-877-207-4007
	Medical Control	Dr. Walter Dawkins
Hospital		Natchez Community Natchez Regional

AMITE

System Access		911
EMS Provider		Gloster
	Coverage	Districts 1,2,3 and Wilkinson County
	Frequency	155.160
	Level of Care	BLS
	Business Phone	601-225-4771
	Medical Control	Dr. Rich Field
EMS Provider		Emergystat
	Coverage	Amite Dist 1,2,3,
	Frequency	155.340
	Level of Care	ALS
	Business Phone	1-800-695-7828
	Medical Control	Newton Regional Medical Center, Meridian SMRMC

EMS Provider		
	Coverage	Districts 4,5
	Frequency	155.350
	Level of Care	ALS
	Business Phone	601-249-1770
	Medical Control	SMRMC
EMS Provider		AMR
	Coverage	Districts 1,2,3
	Frequency	155.325
	Level of Care	ALS
	Business Phone	800-456-2542
	Medical Control	Natchez Community Natchez Regional
Hospitals		None

FRANKLIN

System Access		911
EMS Provider		Franklin County
	Coverage	whole county
	Frequency	155.340
	Level of Care	BLS
	Business Phone	601-384-2040
	Medical Control	Franklin County
EMS Provider		AMR
	Coverage	whole county
	Frequency	155.325
	Level of Care	ALS
	Business Phone	800-456-2542
	Medical Control	Franklin County
EMS Provider		Metro Rural
	Coverage	Whole county
	Frequency	State band
	Level of Care	ALS
	Business Phone	1-877-207-4007
	Medical Control	Dr. Walter Dawkins
Hospitals		Franklin County Hospital

LAWRENCE

System Access		911
EMS Provider		Lawrence County Hospital
	Coverage	whole county
	Frequency	155.160
	Level of Care	ALS
	Business Phone	601-587-4051
	Medical Control	Lawrence County Hospital
Hospital		Lawrence County

LINCOLN

System Access		911
EMS Provider		King's Daughters Medical Center
	Coverage	whole county
	Frequency	155.400
	Level of Care	ALS
	Business Phone	601-835-9382
	Medical Control	King's Daughters Medical Center
Hospital		King's Daughters Medical Center

PIKE

System Access		911
EMS Provider		Southwest Mississippi Regional Medical Center
	Coverage	whole county
	Frequency	155.355
	Level of Care	ALS
	Business Phone	601-249-1770
	Medical Control	Southwest Mississippi Regional Medical Center
Hospital		Southwest Mississippi Regional Medical Center

WILKINSON

System Access		911
EMS Provider		Emergystat
	Coverage	whole county
	Frequency	155.340
	Level of Care	ALS
	Business Phone	1-800-695-7828
	Medical Control	Newton Regional Medical Center, Meridian
EMS Provider		AMR
	Coverage	Whole county
	Frequency	155.325
	Level of Care	ALS
	Business Phone	1-800-456-2542
	Medical Control	Natchez Community, Natchez Regional
EMS Provider		Gloster
	Coverage	Whole County
	Frequency	155.160
	Level of Care	BLS
	Business Phone	601-225-4771
	Medical Control	Dr. Rich Field

REGION

EMS Provider		Air Care of University of MS Medical Center
	Coverage	region
	Frequency	155.340
	Level of Care	ALS
	Business Phone	1-888-862-2345
	Medical Control	UMC
EMS Provider		Acadian Air Med Service
	Coverage	region
	Frequency	155.295
	Level of Care	ALS
	Business Phone	1-800-259-2222

	Medical Control	receiving facility
EMS Provider		Ochsner Foundation Hospital Helicopter Ambulance Service
	Coverage	region
	Frequency	131.400
	Level of Care	ALS
	Business Phone	1-800-624-7637
	Medical Control	receiving facility
EMS Provider		Metro Rural
	Coverage	Concordia Parish, La.
	Frequency	State band
	Level of Care	ALS
	Business Phone	1-877-207-4007
	Medical Control	Dr. P. Lee

Summary Table of Facility Resources

Hospital	*County*	*Initials*	*Level Request*
Field Memorial Hospital	Wilkinson	Field	4
Franklin County Hospital	Franklin	FCH	4
King's Daughter's Medical Center	Lincoln	KDMC	4
Lawrence County Hospital	Lawrence	LCH	4
Natchez Community Hospital	Adams	NCH	4
Natchez Regional Medical Center	Adams	NRMC	4

	Field	*FCH*	*KDMC*	*LCH*	*NCH*	*NRMC*	*Total*
Level of Certification	4	4	4	4	4	4	
Trauma Surgeon Availability	1	0	3	0	2	2	8
ICU Beds	0	0	5	0	5	8	18
Neurosurgeons Available for Trauma	0	0	0	0	0	0	0
24 Hour Angiography	N	N	N	N	N	N	
Pediatric ICU	N	N	N	N	N	N	
Burn Unit	N	N	N	N	N	N	
Neuro ICU	N	N	N	N	N	N	
Inpatient Rehabilitative Services	N	Y	Y	Y	Y	Y	
Pediatric ED	N	N	N	N	N	N	
Cardiac Surgeon/Cardiac Bypass	N	N	N	N	N	N	
Dialysis	N	N	Y	N	Y	Y	
Number of Operating Rooms	1	0	4	0	3	4	12
CT Scan	Y	Y	Y	Y	Y	Y	
Orthopedic Surgeons	0	0	1	0	2	2	5
ED Visits Per Year	5,000	3,600	17,000	4,655	15,000	17,000	62,255

XIV. Regional Performance Improvement Plan

Purpose: The purpose of the Performance Improvement Plan is to provide continuous evaluation of the trauma system and its providers through a structured process of care and outcome review.

I. Program Configuration

1. Administrative Authority:

The Regional Director and Medical Director maintain overall accountability for the operation of the plan. The Regional Trauma Advisory Committee shall have oversight of the Performance Improvement Plan *(membership eligibility listed in Section XV*)

2. Trauma Privilege Assessment:

Each licensed individual on the Committee must be licensed and credentialed to practice his or her specialty in the represented facility.

3. The following population may be monitored in compliance with the Mississippi Trauma Care System Regulations.

1. All hospitalized patients with a primary ICD-9 range of 800-959.9
2. Trauma deaths including DOA
3. Burns resultant of trauma
4. Any patient that triggers a trauma team activation
5. Patients admitted to surgery for vascular, intra-cranial, intra-thoracic or intra-abdominal surgeries associated with traumatic injury.

4. Categories of Performance

a) Process Measures
- Components of the regional system
- Triage criteria and effectiveness
- Activation of trauma team
- Diversions

b) Outcome Measures
- Mortality
- Adjusted Mortality Rate
- Morbidity
- Length of stay, ICU and total.

5. Data Collection

A. *Trauma Registry*:

All the trauma centers in the region must utilize the registry software provided by the State. The information obtained is used for trending, root cause analysis and PI.

B. *Concurrent Care Evaluation*:

Each center will submit report data and trending reports to the region on a quarterly basis (calendar year). The region shall provide an annual report to the participating agencies and the State Department of Health as necessary.

C. *Structured Review Process*:

- Time flow data from reception of 911 to arrival at final destination
- Mechanism of injury
- Geographic location of injury and location of regional and final destination
- Circumstances contributing to injury
- Diagnosis Codes
- Detailed audit of trauma deaths, complications and transfers
- Patient resuscitation
- Definitive management

6. Multi-Disciplinary Review

A. The composition of the Regional Trauma Advisory Committee shall be multidisciplinary in nature. Refer to Chapter XV for membership eligibility.

B. Job Functions of the Committee:

- Will meet at least quarterly
- Medical Director will review morbidities and mortalities
- Selected cases will be presented to committee for review
- A trauma summary log will be kept
- Written notification to physicians whose cases have been selected for review
- If necessary, the case will be moved to an agenda for future meeting and the discussion, action and loop closure documented in the minutes of the committee.

C. Corrective Action: Examples include but are not limited to:

- Guidelines
- Protocol development
- Education
- Counseling
- Peer Review
- Recommendations for disciplinary action to practitioner's Chief of Service or Staff

D. Loop Closure

- Documented minutes of committee
- Documentation of corrective action
- Documentation of participation of by all hospitals in the region as evidenced by the sharing of pertinent data used to improve the quality of care.
- Re-evaluation to determine effectiveness of Corrective Action plan.

XV. Prehospital Performance Improvement Plan

PURPOSE: The purpose of the pre-hospital record audit is to establish a method of evaluation for the pre-hospital care being delivered, and thus be able to establish benchmarks as goals for improvement. Data from agencies operating within the Southwest Trauma Care Region will be collected, organized and evaluated with the results being utilized for continued system improvement. As the Performance Improvement evaluation continues, changes will be implemented in the plan, especially in the area of goals and indicators. Feedback will be provided to EMS agencies, as this is an important aspect of quality improvement. Results of the evaluations will also be made to the State office, as well as the Southwest Trauma Care Region Board of Directors.

POLICY: EMS agencies will be required to provide audits on a quarterly basis. Prior to each quarter, agencies will receive a request from the Regional Director listing specific filters (indicators) with which to assess records for the upcoming quarter. This report should be returned to the Director within 30 days. Indicators requested will be not less than four (4), or more than six (6) for one quarter. Additionally, there may be a random request for a specific filter if there is a need indicated, or if the Regional Trauma Advisory Committee and/or Board of Directors request it.

PROCEDURE: Attached is Appendix A, with a list of indicators from which the administrator will choose four (4) to six (6) per quarter. Letters will be sent out to each EMS agency in the Region at least 14 days in advance with the specific indicators for the following quarter. The audit should be completed and returned to the administrator within 30 days of the end of the quarter.

CORRECTIVE ACTION: In order to reduce variations of care, once problems are identified, the EMS Agency will be asked to submit a plan to correct identified problems. The plan should include what the desired changes are, who is assigned to resolve the problem, and what action will be taken. Mississippi EMS Rules and Regulations mandate prehospital providers' compliance with Regional Prehospital Policies, procedures and protocols, including these Performance Improvement policies and procedures. Noncompliance will be considered a violation of Mississippi EMS Rules and Regulations and will be reported to the Division of EMS, MSDH for administrative enforcement.

RE-EVALUATION: Three months after the corrective action plan has been submitted, the problem identifier will be re-evaluated. The EMS agency will receive documentation of any findings, as well as any need for continued action.

CONFIDENTIALITY: The Southwest Trauma Care Region will abide by the laws of the State of Mississippi regarding confidentiality. Any records received by the administrator shall be stored under lock and key until destroyed.

APPENDIX A

EMS Audit Indicators

1. IV lines established where attempted; number of attempts, IV size, and location.
2. Intubation established where attempted and number of attempts
3. A scene time > 10 minutes (except in prolonged extrication)
4. Vital signs incomplete
5. Hospital destination appropriate
6. GCS recorded in categories
7. RTS recorded
8. Length of time between Dispatch and Arrival times for transfers out (hospital to hospital)
9. If patient in EMS care longer than 15 minutes, additional sets of VS documented
10. O2 use documented
11. Timely pre-arrival communication with receiving hospital
12. Documentation of written report being left at health care facility with patient
13. Compliance with regional trauma guidelines and protocols
14. Any Bypass or Diversion orders/protocols initiated
15. Additional indicators as requested by Southwest Trauma Care Region.

XV. Regional Trauma Advisory Committee

Southwest Trauma Care Region Inc.
Regional Trauma Advisory Committee

BYLAWS

ARTICLE I

NAME

SECTION 1.

The Committee shall be referred to as the Southwest Regional Trauma Advisory Committee.

SECTION 2.

Robert's Rules of Order shall govern the Committee.

ARTICLE II

PURPOSES

SECTION 1.

The purposes of the Committee shall be to:

A. Represent the position of participating hospitals and ALS service provider agencies on pre-hospital care and emergency medical services issues, as may be deemed necessary.

B. Promote communication and coordination among participating hospitals and all interested parties for effective response to determine needs of pre-hospital care.

C. Promote region-wide standardization of pre-hospital care policies, procedures and protocols.

D. Recommend policies, procedures, protocols, positions, and philosophy of pre-hospital care and standards of care to the Southwest Trauma Care Region.

E. Maintain oversight of the Regional Performance Improvement Plan.

ARTICLE III

AUTHORITY

SECTION 1.AUTHORITY

A. The Committee shall function as advisory to the Southwest Trauma Care Region Inc.

B. The Region shall inform the committee, at the next regularly scheduled meeting, of any committee recommendation that is overruled or modified and provide details of the reversal or modification.

ARTICLE IV

MEMBERSHIP.

SECTION 1. *MEMBERS*

A. Membership:

1. The Committee shall consist of:

- A representative from each member facility. Hospital representation may include the participating facility's Trauma Program Medical Director and/or Trauma Program Manager.

- A representative from selected EMS agencies operating within the Region.

- Other specialties and/or professions may be added as deemed necessary by the Region's Medical Director and Board of Directors.

2. Ex-officio - non-voting membership:

- The Committee ex-officio, non-voting, membership shall consist of representative(s) from other (non-participating) hospitals from the region, those public agencies employing First Responders and other agencies as deemed necessary by the Committee.

SECTION 2. *APPOINTMENT AND TERM*

A. Members are appointed and serve at the request of the Southwest Trauma Care Region

B. Voting membership shall serve until:

1. Resignation
2. Replacement
3. Removal

SECTION 3. *VOTING*

A. Each participating hospital represented shall have one (1) vote. Votes shall be recorded as:

1. In Favor
2. Opposed
3. Abstain

SECTION 4. *ATTENDANCE*

A. Members are expected to attend all meeting of the Committee.

B. Absence

1. Absence is defined as failure of the member to notify the committee's Chairperson prior to the meeting.
2. Absences are grounds for removal from the committee.

SECTION 5. *REMOVAL*

A. The following are reasons for removal of a member or alternate from the Committee:

1. Excessive Absence

2. Disruption and/or rude behavior

3. Lack of participation and/or work product

4. Violation of Bylaws

ARTICLE V

OFFICER ELECTIONS

SECTION 1. *OFFICERS*

A. The Region's Medical Director shall serve as Chairperson.

B. The committee shall elect a Vice Chairperson.

C. Election of the Vice Chairperson shall occur yearly and the term of office shall be July 1 through June 30.

SECTION 2. *RESPONSIBILITIES OF OFFICERS*

A. The Chairperson shall preside over committee meetings.

B. The Chairperson shall participate in the preparation of the agenda for each committee meeting

C. The Vice Chairperson shall assume the responsibilities of the chairperson in the absence of the Chairperson.

SECTION 3. *ELECTIONS*

A. Elections shall be held yearly at the June Committee meeting, and whenever a vacancy of office occurs.

B. Nominations for officers are requested by the Chairperson in May and accepted until the election. Any member may nominate any other member. The member nominated must accept the nomination in order for the nomination to be valid.

C. Committee members shall elect the committee officers by closed ballot. A majority of the votes will decide the election.

SECTION 4 *VACANCIES*

A. If the Chairperson should vacate the office during the term, the Vice Chairperson shall become Chairperson and preside over the elections of a new Vice Chairperson.

B. If the Vice Chairperson should vacate the office, the Chairperson shall preside over the election process.

ARTICLE VI

BUSINESS

SECTION 1. *QUORUM*
Quorum shall consist of fifty-one percent (51%) of Committee member votes. Business of the Committee shall not be conducted unless a quorum is present.

SECTION 2. *BYLAWS*
A bylaw's change requires that the recommended change be placed on the agenda as a non-action item. At the next committee meeting, the bylaws may be recommended for change by a two-thirds (2/3) vote. All bylaw changes require approval of the Southwest Trauma Care Region.

ARTICLE VII

SOUTHWEST TRAUMA CARE REGION

The Southwest Trauma Care Region volunteers to perform the following functions to assist the committee:

SECTION 1. *REPRESENTATION*

A A representative of the Southwest Trauma Care Region shall be present at each committee meeting. Representative may be either a Board member or the Regional Director.

B. Southwest Trauma Care Region representative(s) are non-voting member (s) of the committee.

C. The representative (s) shall have the right to be heard before the committee on any matter on the agenda, after being recognized by the Chairperson.

SECTION 2. *RESPONSIBILITIES OF SOUTHWEST TRAUMA CARE REGION*

The Region shall:
A. In consultation with the Chairperson, establish the agenda.
B. Record the proceedings and prepare the meeting minutes.
C. Maintain the committee records including: an updated list of members and officers, member addresses and phone numbers, a copy of the Bylaws and a file of all meeting minutes.
D. Distribute the meeting notice and any other committee mailings.

Prehospital Protocols / Guidelines

XVII. Prehospital Trauma Triage and Destination.

Purpose: To provide EMS agencies operating within the Southwest Trauma Care Region with guidelines for prehospital triage and transport of the trauma patient.

A. The following criteria are ***minimum*** guidelines for activation of the Regional Trauma System. These criteria shall be used as a tool in identifying major or multiple-injury trauma:

Alpha Alert

- Glasgow Coma Scale. (GCS) <12
- Systolic Blood Pressure <90 mm Hg
- Respiratory distress or compromise with rate < 10 or >29
- Penetrating injury to the head, neck, torso, or extremities above the elbows or knees
- Flail chest
- Two or more proximal long bone fractures
- Pelvic fracture.
- Limb paralysis
- Amputation proximal to the wrist or ankle
- Body surface burns > 15% (second or third degree) or burns associated with other traumatic or inhalation injury
- Trauma transfer that is intubated or receiving blood
- Geriatric patients and Children under l2 with any of the historical flats outlined below

Bravo Alert

- Ejection from vehicle
- Death in same passenger compartment
- Extrication time> 20 minutes
- Fall >20 feet
- Rollover MVC
- High speed auto crash>40mph
- Auto' deformity> 20 inches of external damage or intrusion into passenger compartment > 12 inches
- Auto vs. pedestrian or Auto vs. bicycle (> 5mph)
- Pedestrian thrown or run over
- Motorcycle crash > 20 mph or separation of rider from the bike

B. Patient destination shall be determined by Medical Control, based on the above mentioned criteria for identification of the trauma patient and Regional Transport / Destination Protocol (see attached ***Trauma Triage and Destination Protocol"***).

1. Non-Participating Facilities and Hospital Based EMS Services:

- Medical Control for the Southwest Mississippi Regional Medical Center ambulance service shall triage patients according to Regional Guidelines.

- Patients may be triaged to the closest appropriate facility provided:

  - The receiving facility has resources available to care for the immediate needs of the trauma patient, and
  - The distance to a designated trauma care center is further than that of the closest appropriate facility.

- The Southwest Trauma Care Region shall strictly monitor, through the Region's Prehospital Performance Improvement Plan, all hospital based EMS services owned and/or operated by facilities not participating in the State Trauma System.

C. Trauma Patients with the following conditions shall be transported to the closest appropriate hospital:

- Cardiac Arrest en route.
- Uncontrolled airway
- Hemodynamic compromise indicated by deteriorating vital signs

D. Patient and or family request will be considered; however, hospital selection is determined by Medical Control, according to the regional guidelines, and is based entirely in the best medical interest of the patient.

E. If the Paramedic/EMT has any doubt as to whether a patient is a major trauma victim, he/she shall consult with Medical Control and / or the receiving trauma facility at the earliest stage possible in the patient's evaluation.

F. EMS agencies shall immediately notify the receiving facility of impending arrival of Trauma Patients in order that the receiving facility can determine the number and type of patients they are capable of managing at that time.

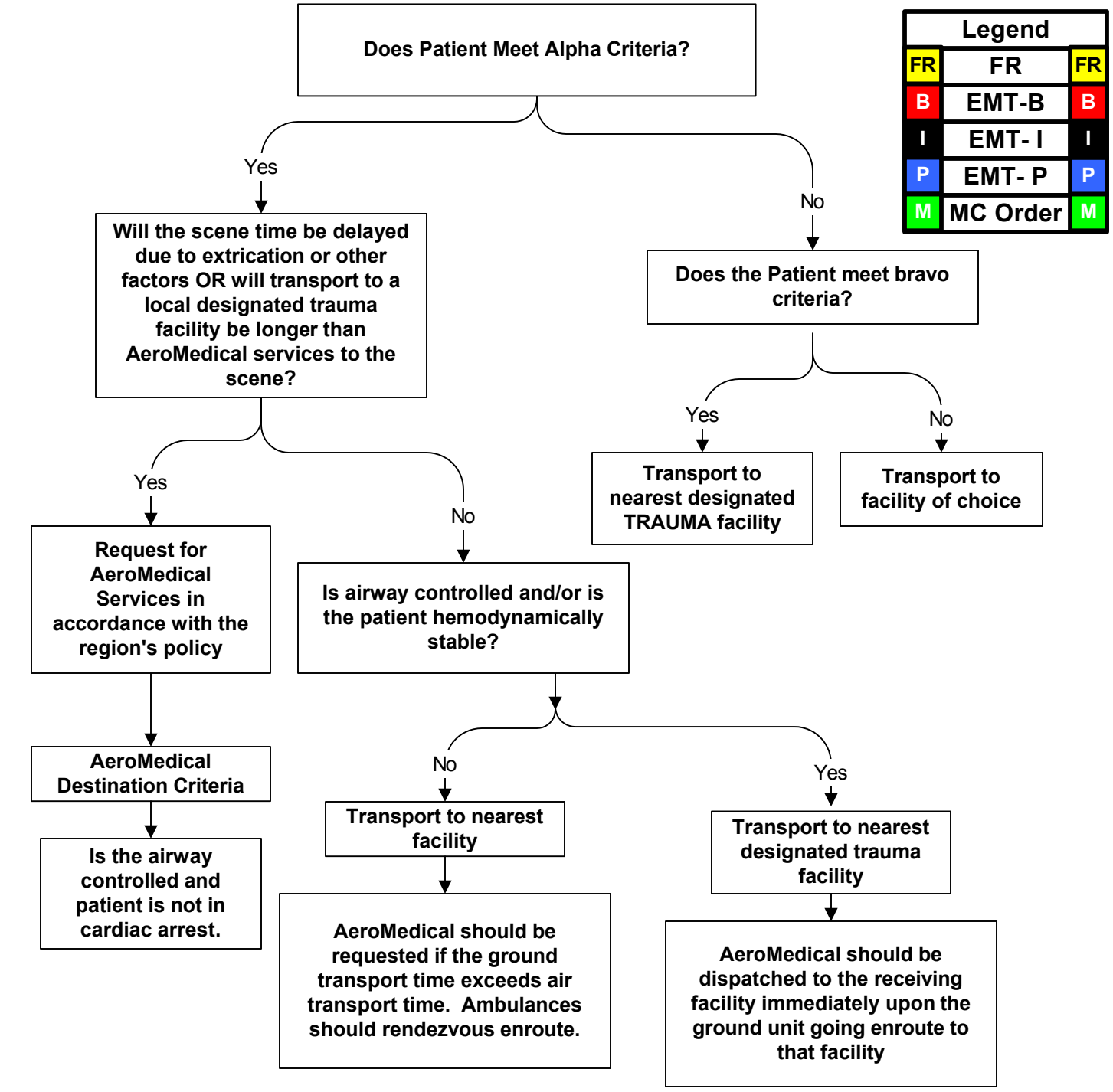
G. Trauma Center Diversion/Bypass

- Any Trauma Center going on or off Diversion/Bypass shall notify EMS Dispatch immediately.

H. Prior to EMS crew departure, Patient Care Reports shall be left at the receiving facility for ALL trauma patients, with documentation from time of dispatch until time of report at receiving facility.

- In the event that a PCR is not left at the receiving facility upon time of departure, completed reports shall be either faxed or delivered to the receiving facility within 24 hours.

Trauma Triage and Destination Protocol



Pearls:

If a facility refuses a patient or declares trauma diversion, the paramedic must contact medical control for orders for patient destination.

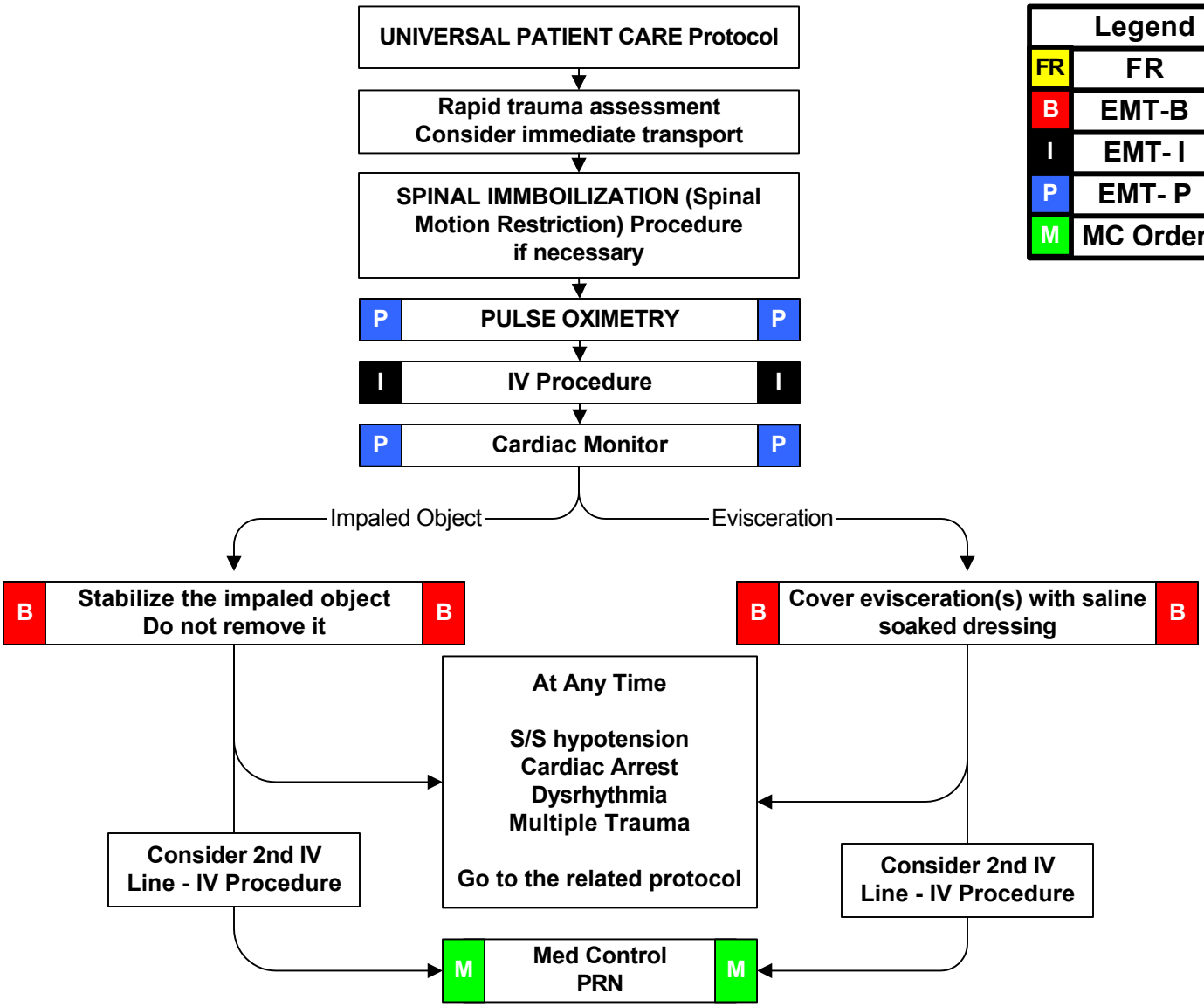
A controlled airway is defined as a patient with a GCS of a 9 or greater, able to protect tehir airway or a pateint who has been intubated.

Hemodynamically stable is defined as no signs and symtoms of hypoperfusion such as altered LOC, absent peripheral pulses, mottled skin (Pediatric), cyanosis, and/or hypotensive for age.

If equidistant between two traum centers, transport to the higher level facility.

Abdominal/Pelvic Trauma

History:	Signs and Symptoms:	Differential:
• Time of injury • Type of injury • Other trauma • Loss of consciousness • **SAMPLE**	• Penetrating wounds • Impaled objects • Abdominal evisceration • Abdominal pain on palpation • Hematuria, bloody stool • Altered bowel sounds • Hemoptysis • Signs/symptoms of shock	• **Open abdominal/pelvic wound** • **Impaled object** • **Pelvic fracture** • **Multiple trauma**

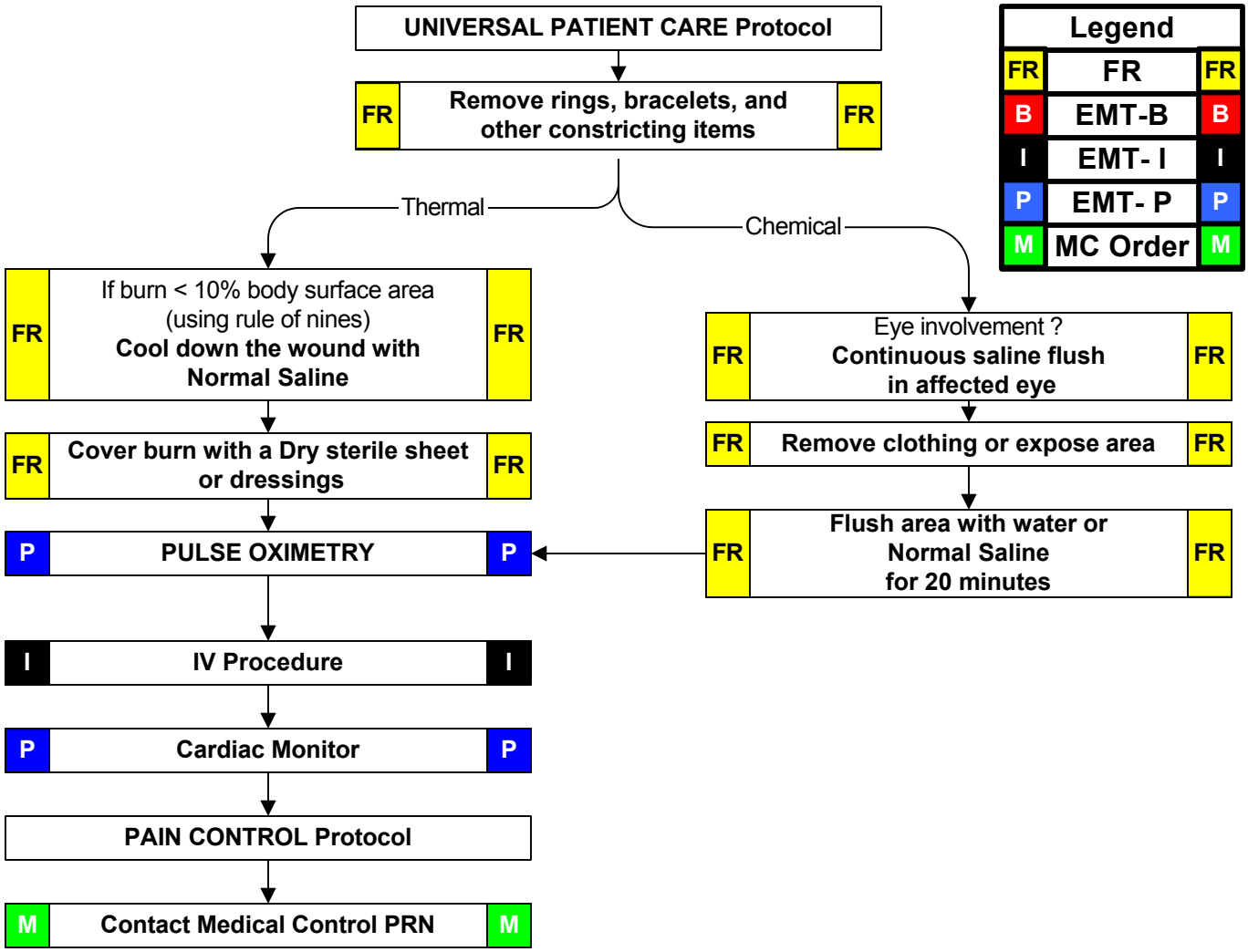


Pearls

- **EXAM: Mental Status, HEENT, Neck, Heart, Lungs, Abdomen, Extremities, Back, Neuro**
- **Never try to remove an impaled object.**

Burns

History:	Signs and Symptoms:	Differential:
• Type of exposure (heat, gas, chemical) • Inhalation injury • Time of injury • Other trauma • Loss of consciousness • Tetanus/Immunization status • **SAMPLE**	• Burns, pain, swelling • Dizziness • Loss of consciousness • Hypotension / shock • Airway compromise / distress • Singed facial or nasal hair • Hoarseness / wheezing	• **Superficial (1°)** red and painful • **Partial thickness (2°)** blistering • **Full thickness (3°)** painless and charred or leathery skin • **Chemical** • **Thermal** • **Electrical** • **Radiation**



Pearls:

- **Exam: Mental Status, HEENT, Neck, Heart, Lungs, Abdomen, Extremities, Back, Neuro**
- **Critical Burns:** >25% body surface area (BSA); 3° burns >10% BSA; 2° and 3° burns to face, eyes, hands, groin or feet; electrical burns; respiratory burns; deep chemical burns; burns with extremes of age or chronic disease; and burns with associated major traumatic injury. These burns may require hospital admission or transfer to a burn center.
- **Early intubation is required in significant inhalation injuries.**
- Potential CO exposure should be treated with 100% oxygen.
- Circumferential burns to extremities are dangerous due to potential vascular compromise 2° to soft tissue swelling.
- Burn patients are prone to hypothermia - Never apply ice or cool burns that involve >10% body surface area.
- Do not overlook the possibility of multiple system trauma.
- Do not overlook the possibility for child abuse with children and burn injuries.
- **See APPENDIX for rule of nines.**

Extremity Trauma

History:	Signs and Symptoms:	Differential:
• Type of injury • Mechanism: crush / penetrating / amputation • Time of injury • Open vs. closed wound / fracture • Wound contamination • **SAMPLE**	• Pain, swelling • Deformity • Altered sensation / motor function • Diminished pulse / capillary refill • Decreased extremity temperature	• **Abrasion** • **Contusion** • **Laceration** • **Sprain** • **Dislocation** • **Fracture** • **Amputation**

Legend		
FR	FR	FR
B	EMT-B	B
I	EMT- I	I
P	EMT- P	P
M	MC Order	M

UNIVERSAL PATIENT CARE Protocol

↓

WOUND CARE Procedure
Control hemorrhaging

↓

SPINAL IMMOBILIZATION (Spinal Motion Restriction) Procedure

↓

P **PULSE OXIMETRY** P

↓

I **IV Procedure** I

↓

PAIN CONTROL Protocol

↓

P **Cardiac Monitor** P

↓

Amputation ?
Clean amputated part
Wrap part in sterile dressing soaked in Normal Saline
Place in air tight container
Place container on ice if available

↓

Consider EXTREMITY IMMOBILIZATION Protocol

↓

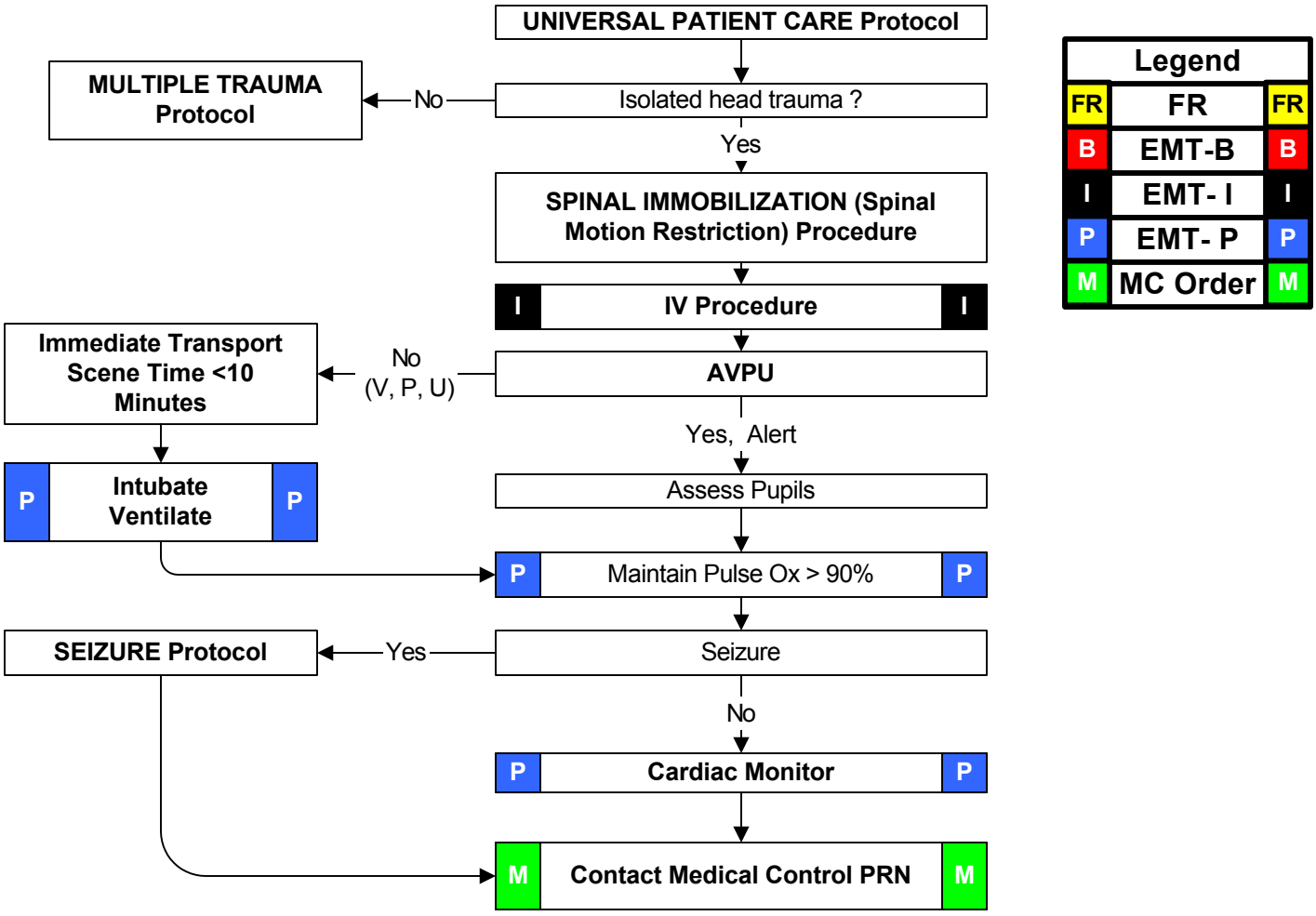
M **Contact Medical Control PRN** M

Pearls:

- **Exam: Mental Status, Extremity, Neuro**
- In amputations, time is critical. Transport and notify medical control immediately, so that the appropriate destination can be determined.
- Hip dislocations and knee and elbow fracture / dislocations have a high incidence of vascular compromise.
- Urgently transport any injury with vascular compromise.
- Blood loss may be concealed or not apparent with extremity injuries.
- Lacerations must be evaluated for repair within 6 hours from the time of injury.

Head Trauma

History:	Signs and Symptoms:	Differential:
• Time of injury • Mechanism: blunt / penetrating • Loss of consciousness • Bleeding • Evidence of multi-trauma • Helmet use or damage to helmet • **SAMPLE**	• Pain, swelling, bleeding • Altered mental status/ Unconscious • Respiratory distress / failure • Vomiting • Decreased reflexes, paralysis in extremeties • Decorticate/Decerebrate posturing	• **Skull fracture** • **Brain injury (concussion, contusion, hemorrhage, or laceration)** • **Epidural hematoma** • **Subdural hematoma** • **Subarachnoid hemorrhage** • **Spinal injury** • **Abuse**

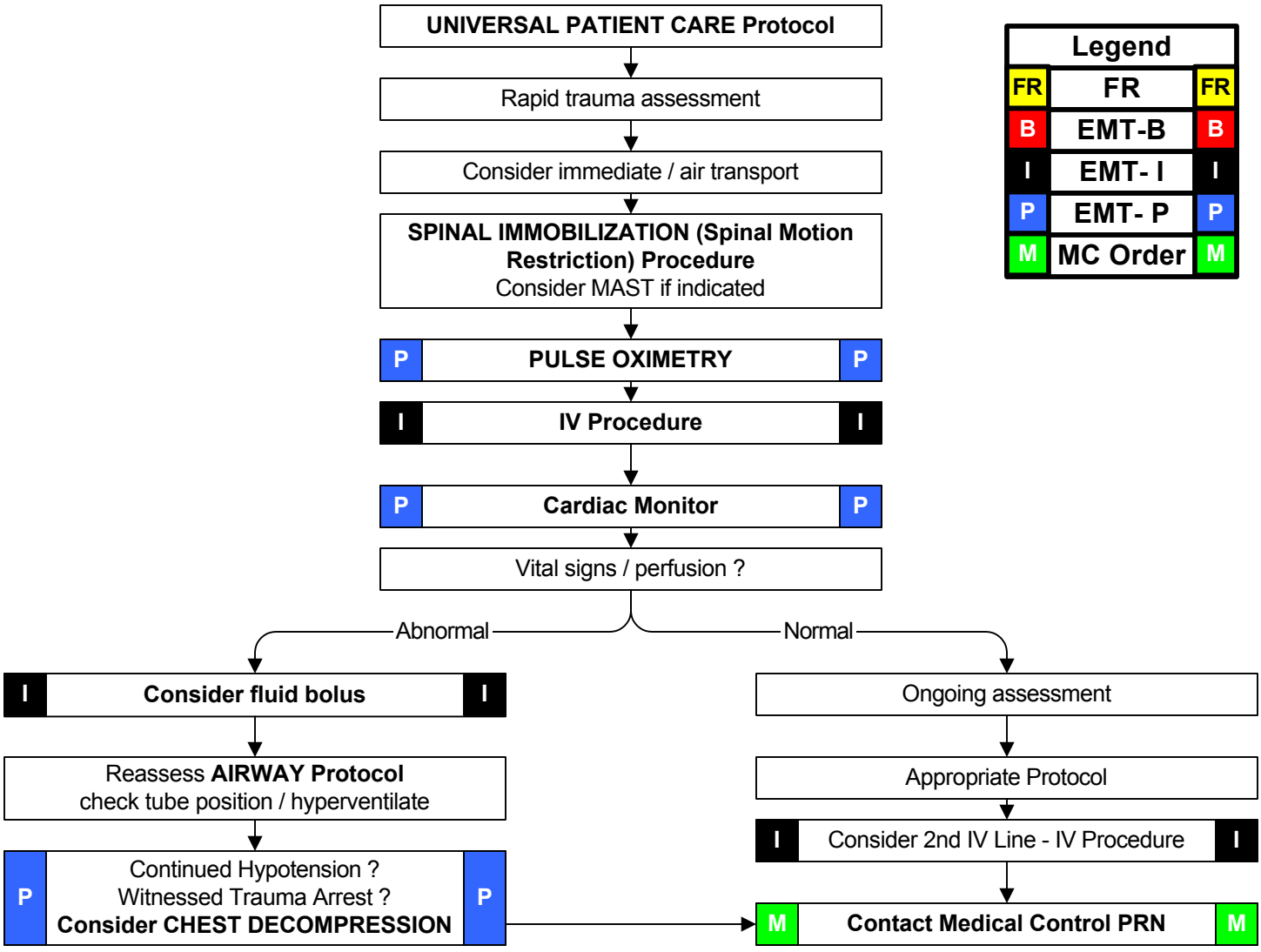


Pearls:

- **Exam: Mental Status, HEENT, Heart, Lungs, Abdomen, Extremities, Back, Neuro**
- If GCS < 14 and RTS <11, consider Air / Rapid Transport.
- In absence of capnometer, hyperventilate the patient (adult: 20 breaths / min, child: 30, infant: 35) only if ongoing evidence of brain herniation (blown pupil, decorticate or decerebrate posturing, or bradycardia). Normal ventilation rates adult: 10 breaths/min, child: 20, infant: 25).
- Increased intracranial pressure (ICP) may cause hypertension and bradycardia (Cushing's Response).
- Hypotension usually indicates injury or shock unrelated to the head injury and should be agressively treated.
- **The most important item to monitor and document is a change in the level of consciousness**.
- Consider **Restraints** if necessary for patient's and/or personnel's protection per the Restraint Procedure.
- Limit IV fluids unless patient is hypotensive (systolic BP < 90).
- Concussions are periods of confusion or LOC associated with trauma which may have resolved by the time EMS arrives. Any prolonged confusion or mental status abnormality which does not return to normal within 15 minutes or any documented loss of consciousness should be evaluated by a physician ASAP.

Multiple Trauma

History:	Signs and Symptoms:	Differential (Life threatening):
• Time and mechanism of injury • Damage to structure or vehicle • Location in structure or vehicle • Others injured or dead • Speed and details of MVC • Restraints / protective equipment • **SAMPLE**	• Pain, swelling • Deformity, lesions, bleeding • Altered mental status or unconscious • Hypotension or shock • Arrest	• **Chest** **Tension pneumothorax** **Flail chest** **Pericardial tamponade** **Open chest wound** **Hemothorax** • **Intra-abdominal bleeding** • **Pelvis / Femur fracture** • **Spine fracture / Cord injury** • **Head injury (see Head Trauma)** • **Extremity fracture / Dislocation** • **HEENT (Airway obstruction)** • **Hypothermia**

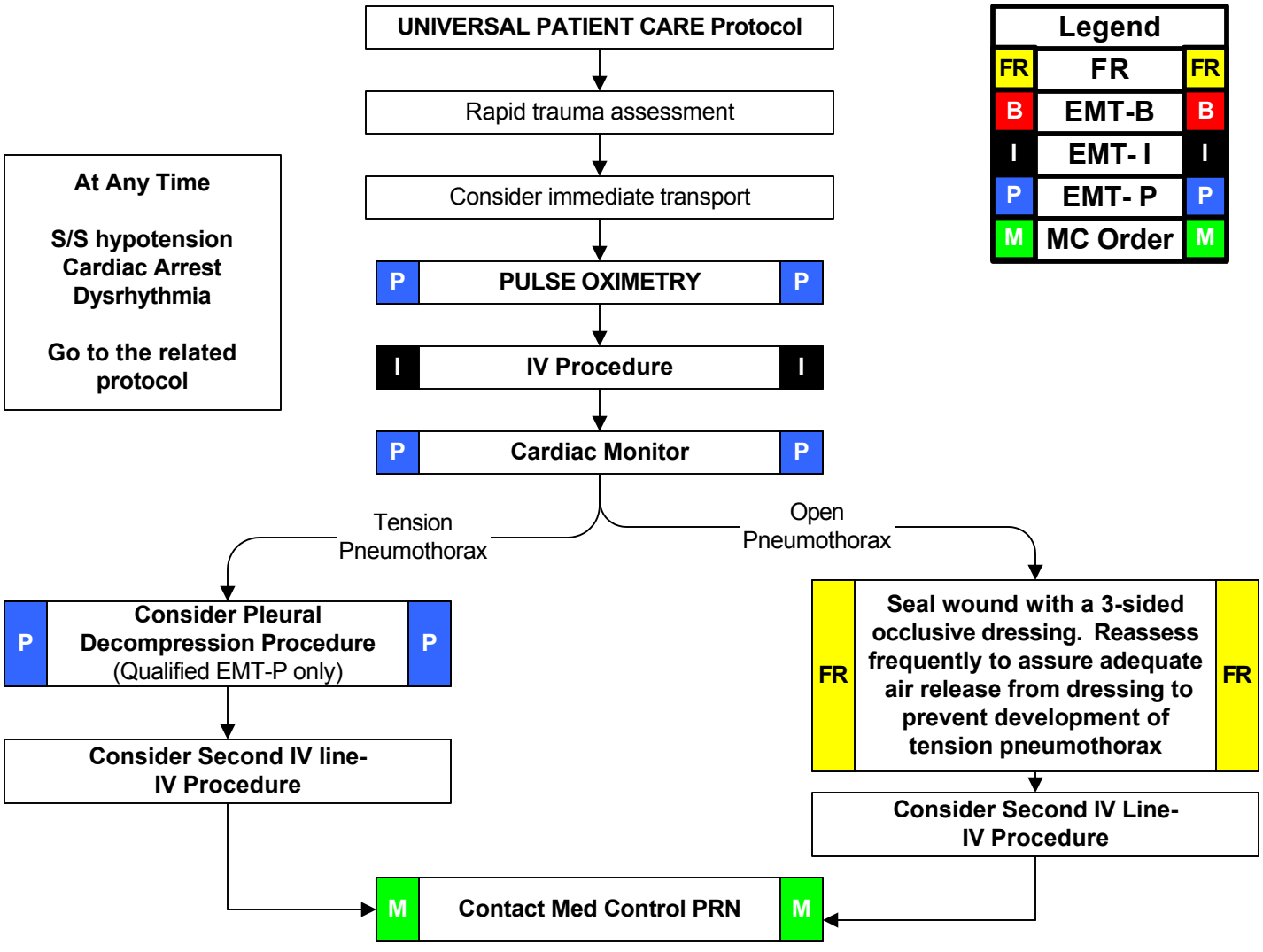


Pearls:

- **Exam: Mental Status, Skin, HEENT, Heart, Lung, Abdomen, Extremities, Back, Neuro**
- Mechanism is the most reliable indicator of serious injury.
- In prolonged extrications or serious trauma, consider air transportation for transport times and the ability to give blood.
- Consider MAST in "load and go" situations with suspected pelvic or femur fractures.
- Do not overlook the possibility of associated domestic violence or abuse.

Pneumothorax

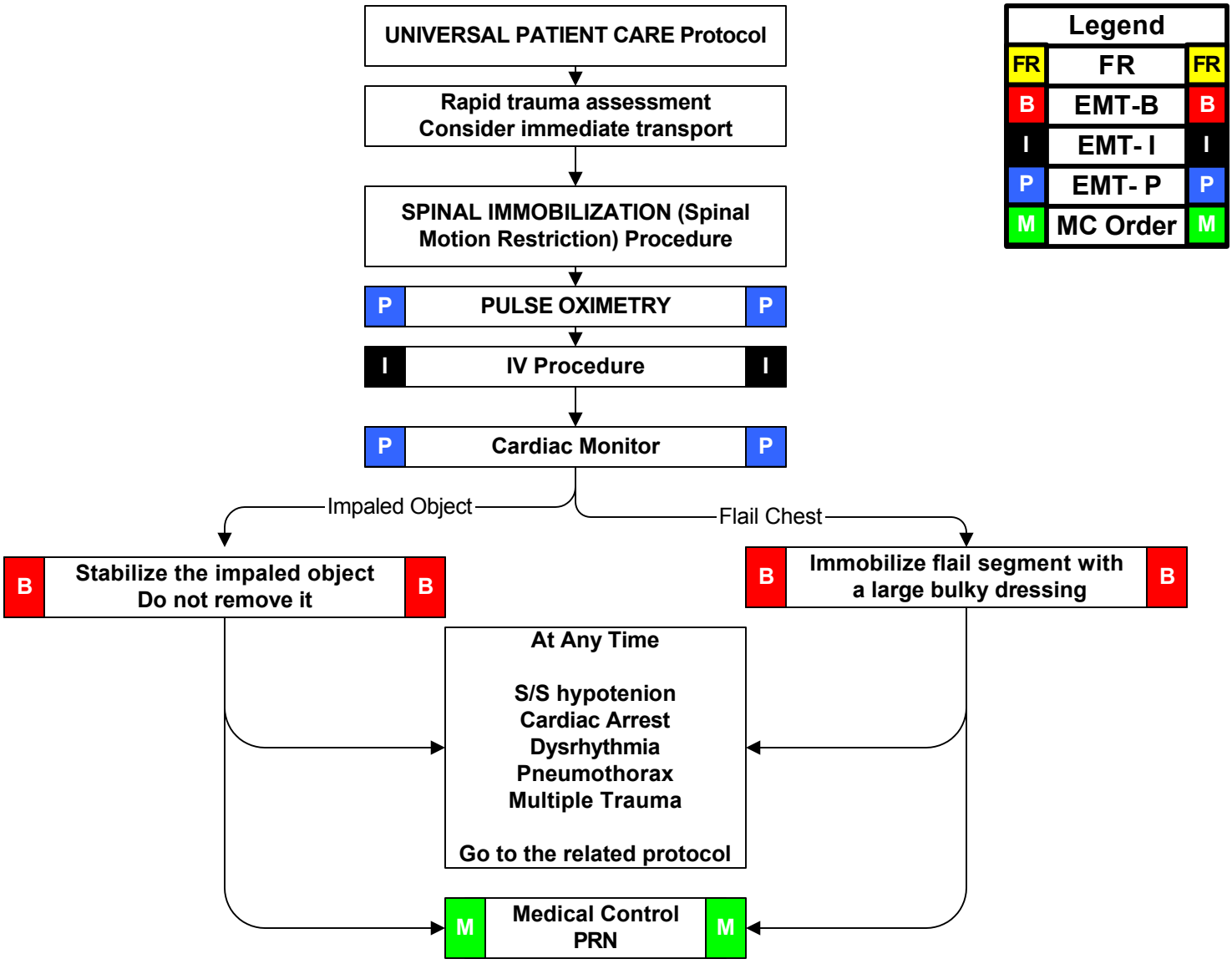
History:	Signs and Symptoms:	Differential:
• Time of injury • Other trauma • **SAMPLE**	• Acute respiratory distress • Decreased/unilateral breath sounds • Decreased blood pressure • Rapid, weak pulse • Anxiety • Decreased level of consciousness • Cyanosis • Tracheal deviation • Jugular vein distention • Subcutaneous emphysema	• **Tension pneumothorax** • **Open pnuemothorax** • **Hemothorax** • **Penetrating chest wounds/impaled objects**



Pearls:
- **EXAM: Mental Status, HEENT, Neck, Heart, Lungs, Abdomen, Extremities, Back, Neuro**
- **Plueral decompression is an optional skill and may only be performed by a qualified EMT-P.**
- **If a penetrating object has caused the pneumothorax, do not remove it. Stabilize the object.**

Thoracic Trauma

History:	Signs and Symptoms:	Differential:
• Time of injury • Type of injury • Other trauma • Loss of consciousness • **SAMPLE**	• Penetrating wounds • Decreased/unilateral breath sounds • Impaled objects • Tracheal deviation • Respiratory distress • Signs/symptoms of shock	• **Flail chest** • **Open chest wound** • **Impaled object**

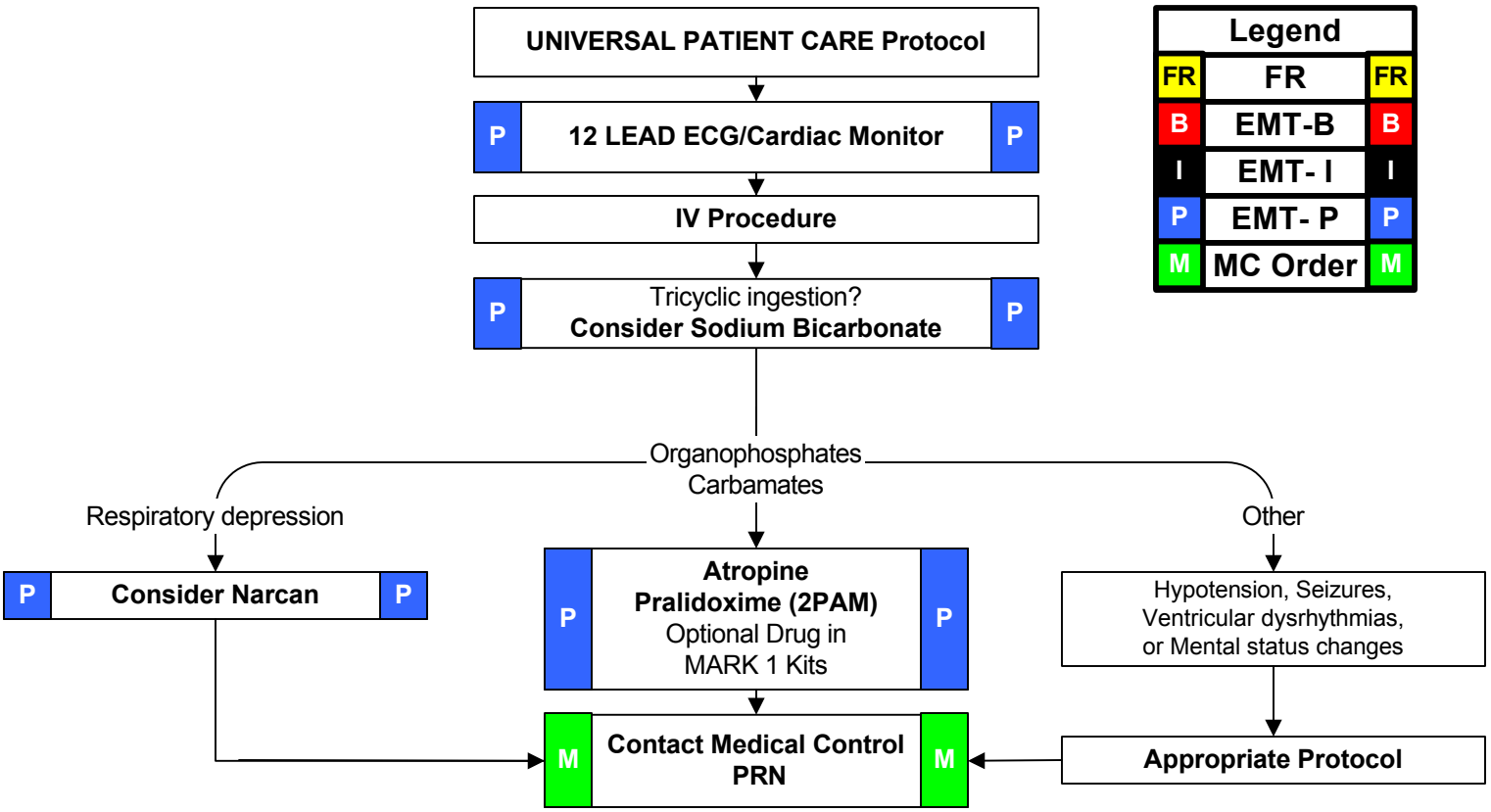


Pearls

- **EXAM: Mental Status, HEENT, Neck, Heart, Lungs, Abdomen, Extremeties, Back, Neuro**
- **Sand bags should never be used to stabilize an injury site.**
- **Never try to remove an impaled object.**

Weapons of Mass Destruction
Overdose/Toxic Ingestion

History:	Signs and Symptoms:	Differential:
• Ingestion or suspected ingestion of a potentially toxic substance • Substance ingested, route, quantity • Time of ingestion • Reason (suicidal, accidental, criminal) • Available medications in home • **SAMPLE**	• Mental status changes • Hypotension / hypertension • Decreased respiratory rate • Tachycardia, dysrhythmias • Seizures	• **Tricyclic antidepressants (TCAs)** • **Acetaminophen (tylenol)** • **Depressants** • **Stimulants** • **Anticholinergic** • **Cardiac medications** • **Solvents, Alcohols, Cleaning agents** • **Insecticides (organophosphates)**



Pearls:

- **Exam: Mental Status, Skin, HEENT, Heart, Lungs, Abdomen, Extremities, Neuro**
- Do not rely on patient history of ingestion, especially in suicide attempts.
- Bring bottles, contents, emesis to ED.
- **Tricyclic:** 4 major areas of toxicity: seizures, dysrhythmias, hypotension, decreased mental status or coma; rapid progression from alert mental status to death.
- **Acetaminophen:** initially normal or nausea/vomiting. If not detected and treated, causes irreversible liver failure
- **Depressants:** decreased HR, decreased BP, decreased temperature, decreased respirations, non-specific pupils
- **Stimulants:** increased HR, increased BP, increased temperature, dilated pupils, seizures
- **Anticholinergic:** increased HR, increased temperature, dilated pupils, mental status changes
- **Cardiac Meds:** dysrhythmias and mental status changes
- **Solvents:** nausea, vomiting, and mental status changes
- **Insecticides:** increased or decreased HR, increased secretions, nausea, vomiting, diarrhea, pinpoint pupils
- An NG tube is required for charcoal administration in all patients with (or with potential) for mental status changes.
- Consider restraints if necessary for patient's and/or personnel's protection per the **RESTRAINT Procedure**.
- MARK 1 kits contain 2 mg of Atropine and 600 mg of pralidoxime in an autoinjector for self administration or patient care. These kits may be available as part of the domestic preparedness for Weapons of Mass Destruction.
- Consider contacting the Mississippi Poison Control Center for guidance.